

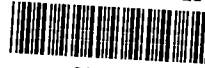
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JUL 03 1991

Pre-Remedial
Unit

EPA Region 5 Records Ctr.



386153

CERCLA Preliminary Assessment Report



Illinois Environmental
Protection Agency
P.O. Box 19276,
Springfield, IL 62794-9276

SECTION 1

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The Perma-Treat of Illinois, Inc. site, a wood treating facility, was placed on the Comprehensive Environmental Response Compensation and Liability Information System (CERCLIS) August 28, 1990. This was the result of a recent environmental focus on wood treating facilities. When Perma-Treat of Illinois, Inc. (Perma-Treat) appeared on a list of wood preserving facilities operating in Illinois, the Illinois Environmental Protection Agency's (IEPA or Agency) Division of Land Pollution Control requested the CERCLA discovery action.

The facility reportedly occupies fifteen (15) acres in Marion, Illinois, the county seat of Williamson County. The address is North Carbon Street and Industrial Park Drive. To reach the facility from U.S. Interstate 57, take exit 53 to eastbound Main Street. Travel nearly seven-tenths (0.7) of a mile eastward on Main Street until reaching Carbon Street. Turn north (left) onto Carbon Street and travel nearly four-tenths (0.4) of a mile, across the Crab Orchard and Egyptian Railroad and then curving northwest, until reaching Industrial Park Drive (which goes west only from Carbon Street). Turn west (left) onto Industrial Park Drive which runs directly into the entrance of the Perma-Treat facility.

The Perma-Treat facility is bordered on the north by offices in the Marion Industrial Park, a Frito-Lay warehouse, and a Todd uniform cleaning service; to the east by a USDA building which contains the local Soil Conservation Service and associated offices, a vacant lot, and Century Lubricant Specialists; to the south by the Crab Orchard and Egyptian Railroad and south of the tracks by a Central Illinois Public Service facility; and to the west by single family homes and a twenty-two unit apartment complex. Much of this is visible on the aerial photograph contained in Section 3 of this report. The site is located in the northeast quarter of the southeast quarter of Section 14, Township 9 South, Range 2 East of the Third Principal Meridian, Williamson County.

Ten of the reportedly fifteen acres which Perma-Treat presently occupies was previously owned by the city of Marion. At that time, it was reportedly a vacant lot. The ten acres were sold to Rudy J. Bond in 1982. A copy of the Property Record Card and Memorandum of Agreement, plus additional information supplied by the Williamson County Supervisor of Assessments, is contained in Reference I.

The Perma-Treat facility manufactures and pressure treats landscape timbers and dimensioned lumber products. The facility ships treated lumber out to retail facilities as well as providing some retail sale of the material right on site. The facility consists of an office building, machine shop, treatment building, retail sales and storage buildings, and the storage

yard.

The treatment building contains a pressure cylinder, or tank, which is used to treat the lumber with a chromated copper arsenate (CCA) solution. Note that neither creosote nor pentachlorophenol is used at this facility. The water soluble CCA, previously purchased from Koppers, Inc. in Carbondale, is now purchased from Hickson Corporation at a 50% concentration and stored in a 7,000 gallon chemical tank. The CCA is diluted down to varying concentrations near the 1.2% CCA range in two 10,000 to 16,000 gallon mixing tanks. An approximately 11,000 gallon effluent tank is utilized to dilute the CCA in the mixing tanks prior to transferring the diluted mixture to an 18,000 gallon working tank. The mixture is pumped directly from the working tank into the pressure cylinder. The one pressure cylinder which the facility utilizes as much as eight times per day is fifty-four feet long and approximately eight feet in diameter (roughly 20,000 gallons). It typically treats 6000 to 7000 board feet each time it is used. Operating pressure is approximately 165 pounds per square inch.

The two mixing tanks are located outdoors, just south of the treatment building on a concrete pad with an approximately one foot high concrete berm. The chemical tank, effluent tank, storage tank, and pressure cylinder are all located in the treatment building where the concrete foundation and floor of the building serve as secondary containment.

Perma-Treat utilizes a "modified full cell" treatment which removes much of the excess CCA mixture before the pressure cylinder is opened and the freshly treated wood is removed.

When the freshly treated lumber is removed from the pressure cylinder, it is moved to the adjacent drip pad and allowed to drip for twenty-four (24) to forty-eight (48) hours. The 35' x 130' concrete drip pad is sloped so that all runoff from the pad will enter a concrete pit located beneath the door of the pressure cylinder. The drip pad is now covered by a roof, so that the runoff to the door pit no longer includes rainwater. A slot in one wall of the door pit allows the collected fluids from the pressure cylinder and the storage pad to flow into a containment pit located beneath the three tanks in the treatment building. A sump then pumps this fluid into the effluent tank. It is held in this tank until it is incorporated with make-up water when diluting the CCA product prior to pressure treating a batch of lumber.

After the treated lumber sits on the drip pad, it is placed in the storage yard which is not paved or surfaced. Reportedly, when the treated lumber is moved from the drip pad to the storage yard, rather than designating a specific area for it to be stored, it is liable to be placed anywhere that there is room for it.

Since the diluted CCA (which drains from the pressure cylinder after treatments) and the runoff from the drip pad are recirculated into the next batch of diluted CCA, it is not transported off-site as a waste. The only waste at the facility is generated during cleaning operations. It consists of soil, rocks, and wood chips which are contaminated with CCA (D004-characteristically hazardous for arsenic).

During an August 8, 1985 RCRA inspection of the facility, the owner/operator of the facility estimated that, with the exception of the annual cleaning, 200 pounds of waste is normally generated each month. The collected waste is placed into drums without lids and allowed to air dry. If excess liquid persists, dry cement is added to dry it up. At the time of the RCRA inspection, no analyses had been performed on any of the drummed wastes.

During a June 20, 1991 RCRA inspection of the facility, it was noted that the waste from the facility is sent to Chem-Waste Management and Hickson Corporation in Valparaiso, Indiana. The waste sent to Hickson Corporation is reportedly sent to Emelle, Alabama. Manifests indicated that the waste is considered characteristically hazardous for arsenic (D004) and chromium (D007). Two drums of dried waste were present on site. A waste pile, which consisted of CCA contaminated debris generated from the late winter cleaning of the treatment building, was also discovered on the concrete drip pad. The waste was piled in an attempt to allow it to dry. Of note was the unknown length of time which the debris had accumulated. CCA was ponded in a few areas of the drip pad near the pressure cylinder. Some visible soil contamination was also documented southwest of the drip pad near the waste pile. Please refer to the photographs in Section 3 of this report.

Perma-Treat is classified as a full generator. A "Notification of Hazardous Waste Activity", USEPA Form 8700-12, signed and dated April 12, 1984 was received by the Agency on May 18, 1984. The form indicated in Section IX, Description of Hazardous Wastes, that the hazardous waste generated is a non-listed characteristically toxic (D000) waste.

On March 25, 1988, Perma-Treat reported to the Agency that a spill of CCA had occurred during the night of March 24, 1988 (IESDA incident #880348). Reportedly, one-hundred, twenty-five (125) gallons of 9% CCA solution had leaked from the pressure cylinder because the door was not adequately closed and sealed. Some of the material which escaped from the pressured cylinder shot over the concrete containment area directly onto the ground. Agency personnel noted surface puddles of visible contamination in an approximately five (5) yard by fifteen (15) yard soil area located north of the pressure cylinder and west of the drip pad. It is unknown whether the contaminated soil at this location was ever excavated or not. A nearby culvert allowed the CCA to leak into a ditch adjacent to the site.

Thunderstorms which occurred the same night as the spill filled the ditch and an intermittent stream, also known as West Creek, with rainwater. Agency personnel tracked visible contamination as far as the Route 37 bridge at Crab Orchard Creek. A March 25, 1988 memo stated: "A small amount of bright green discoloration was seen along the edge of back water near the bridge supports. None was seen in the flowing water." It was also noted that since the CCA solution was water soluble and the thunderstorm had increased the flowrates in the ditch and creek, no emergency or remedial actions were taken (per Agency personnel instructions). The facility owner/operator was instructed not to add bulk cement to the contaminated runoff as it would cause "the metals to precipitate out, resulting in contaminated sediments." A copy of the inspector's report is contained in Reference II.

An on-site reconnaissance visit was conducted on June 20, 1991 during a RCRA inspection. The Agency was represented by Mr. Bruce Ford and Mr. Gary Steele of IEPA's Division of Land Pollution Control. (Photographs taken during this visit are contained in Section 3 of this report.) Mr. Steele conducted the RCRA hazardous waste inspection of the facility. An information gathering meeting was held with Mr. Rudy J. Bond and Mrs. Carolyn J. Bond present. The treatment building was then inspected with Mr. Bond and Mr. Chuck Edmonds present. A final discussion was held with all three of the Perma-Treat representatives present.

According to a 1959 soil report, the undisturbed soils in the area near the Perma-Treat facility were predominantly Cisne and Hoyleton silt loams which were developed under prairie grasses. These are described as poorly drained and somewhat poorly drained soils, respectively. Both soils are strongly acidic. The Cisne is also considered to be a nearly level claypan soil. Both soils are composed of silty loam in the A horizon and silty clay loams below about eighteen inches (18").

The elevation of the land surface at the site is approximately 450 feet above sea level. According to water well logs (contained in Reference III) and other Illinois State Geological Survey literature, the subsurface geology of the area consists of relatively thin (less than ten feet to as much as sixty feet) unconsolidated glacial drift. Since the drift is so thin in this area, it is difficult to obtain water supplies from it. Immediately below the drift is bedrock of the Pennsylvanian System which contains sandstone and limestone aquifers. Most domestic water supplies are obtained from these sandstone aquifers from roughly fifty to as much as eight-hundred feet deep, according to one source. Below the Pennsylvanian are the (progressively deeper) Mississippian, Devonian, Silurian, Ordovician, and Cambrian systems.

The aquifer of concern is the sandstone and limestone aquifers of the Pennsylvanian System. There are very few, if any,

groundwater wells used for drinking water within four miles of the Perma-Treat site. Nearly all of the residences obtain drinking water from local water districts. The water districts obtain their water supplies from surface water intakes located in nearby lakes. With the exception of the intake in Crab Orchard Lake which serves the Crab Orchard National Wildlife Refuge, none of the surface water intakes are located downstream of the site. The nearest drinking water well in the area is believed to be over one mile from the site, but note that this has not been verified.

The county soil report indicates the average annual rainfall in the area to be slightly less than forty-five inches (for the period of 1910-1946). Drainage from the site flows south and eastward along the Crab Orchard and Egyptian Railroad tracks until entering what is locally known as West Creek. West Creek is indicated to be an intermittent stream on USGS Quadrangle maps. West Creek flows to the southeast turning southward through Marion before entering Crab Orchard Creek, the nearest surface water, nearly two miles downstream of the site. Crab Orchard Creek flows to the west-southwest before entering Crab Orchard Lake seven and one-half miles downstream of the site. Approximately seventeen miles downstream of the site, Crab Orchard Lake spills into the lower end of Crab Orchard Creek. (Note that this is fifteen miles downstream of the probable point of entry into surface water.) It then enters the Big Muddy River and eventually the Mississippi River.

A gaging station is located on Crab Orchard Creek in Section 16, Township 9 South, Range 3 East, east of Marion on State Route 13 where it crosses the creek. It is slightly more than three (3) miles upstream of where West Creek enters Crab Orchard Creek. According to U.S. Geological Survey Water-Data Report IL-89-2 (Volume 1, page 358), the average discharge, or flowrate, at this station (05597500) since 1951 is 26.3 cubic feet per second. It also states that the drainage area is 31.7 square miles. At least six intermittent streams enter Crab Orchard Creek between the gaging station and the confluence with West Creek. The flowrate in West Creek is believed to be less than ten cubic feet per second.

A second gaging station located on Crab Orchard Creek two-tenths of a mile downstream of Crab Orchard Lake in Section 30, Township 9 South, Range 1 East is a water quality station and the flowrate is not reported. The drainage area, however, is reported as 201 square miles.

According to the Illinois Department of Conservation, (with the exception of wetlands) there are no sensitive environments located within a one-mile radius of the site. Additionally, there are no known sensitive aquatic species which occur within fifteen miles downstream of the site. Note that the Crab Orchard National Wildlife Refuge is located southwest of the site and roughly five miles downstream of the site.

No known air emission problems are known to exist at Perma-Treat. However, following a 1986 inspection, Perma-Treat was cited for fugitive dust emissions. Perma-Treat responded by explaining that the dust came from truck traffic on a road and only occurred during extended periods of dry weather. Apparently no follow-up to this problem has ever been conducted.

During the June 20, 1991 on-site visit, it was noted that the area near the treatment building and office building was extremely dusty. It is highly likely that soil particulates from the site could be blown off-site by wind or stirred-up by traffic. Over 17,500 people reside within four (4) miles of the site.

It is highly likely that someone could come into direct contact with potentially contaminated soil from the Perma-Treat facility. Access to the site is only slightly restricted as it is only partially fenced and the facility provides retail sale of treated lumber to the general public.

Two notable targets exist near this site. The first concerns the accidental release of CCA to surface water in 1988. Wetlands are located adjacent to West Creek and Crab Orchard Creek. These wetlands are not believed to have been severely impacted. The second is location of an apartment complex and ten homes within 200 feet of the western property boundary of the facility. Considering these two primary targets and all other known information about this facility, the author has assigned a low priority status to this site. In order to quantitatively determine the threat posed by this site, it is recommended that the USEPA initiate those actions necessary to advance this site to the screening site inspection stage of the CERCLA Pre-remedial process.

BMF:bmf

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Piskin, Kemel and Robert E. Bergstrom. Glacial Drift in Illinois: Thickness and Character. Illinois State Geological Survey Circular 416, 1967.

Pryor, Wayne A. Groundwater Geology in Southern Illinois -A Preliminary Geologic Report. Illinois State Geological Survey Circular 212, 1956.

Shadowens, Dale. Superintendent, Lake of Egypt Water District. June 19, 1991. Personal interview.

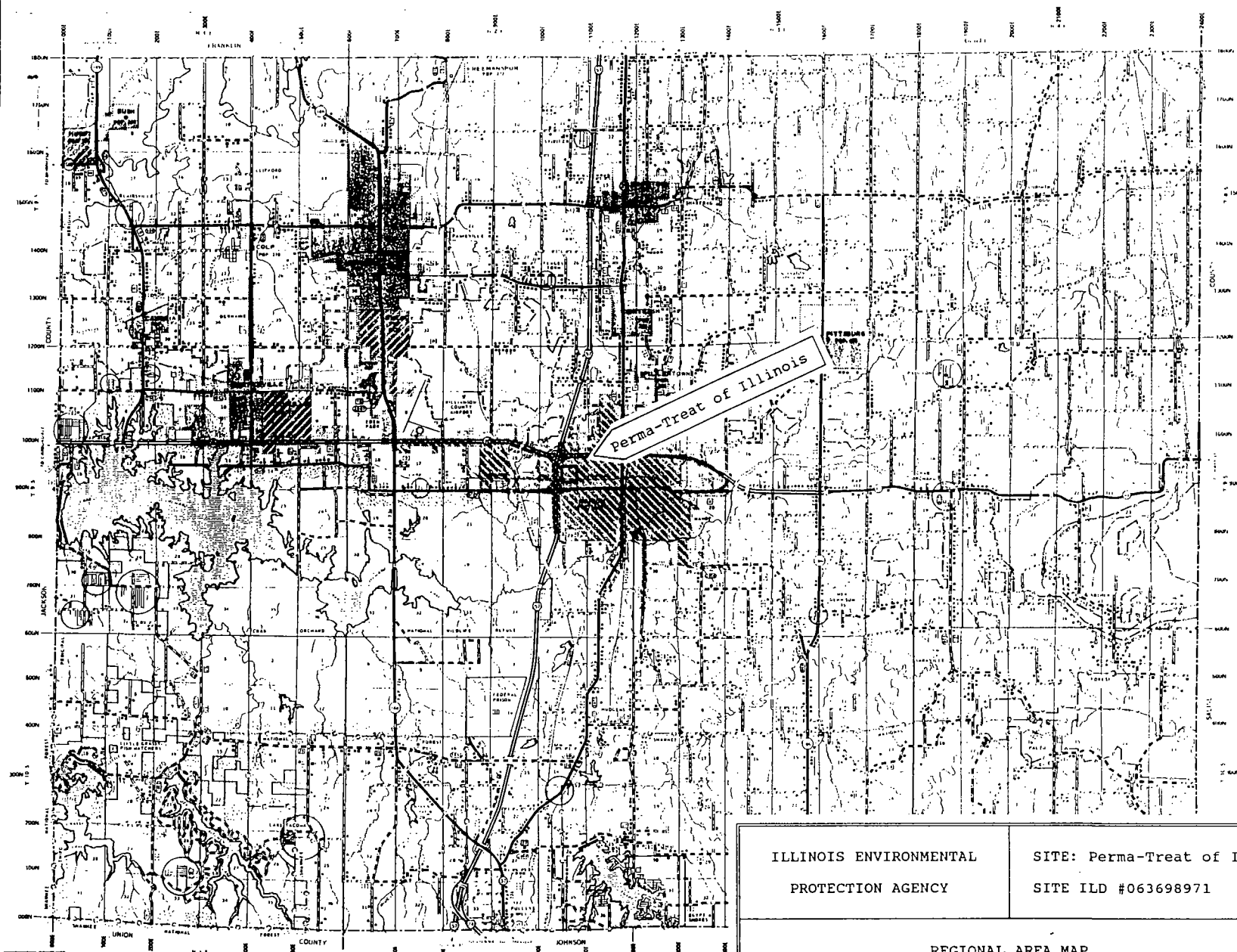
Wallace, Norrel. U.S. Crab Orchard National Wildlife Refuge, Manager. June 5, 1991. Telephone interview.

SECTION 2

MAPS



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY	SITE: Perma-Treat of Illinois SITE ID #063698971
ILLINOIS STATE MAP	
1 --- LEGEND: <input type="checkbox"/> Site Location	



Base map courtesy of:

DEPARTMENT OF TRANSPORTATION
OFFICE OF PLANNING AND PROGRAMMING
IN COOPERATION WITH THE
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

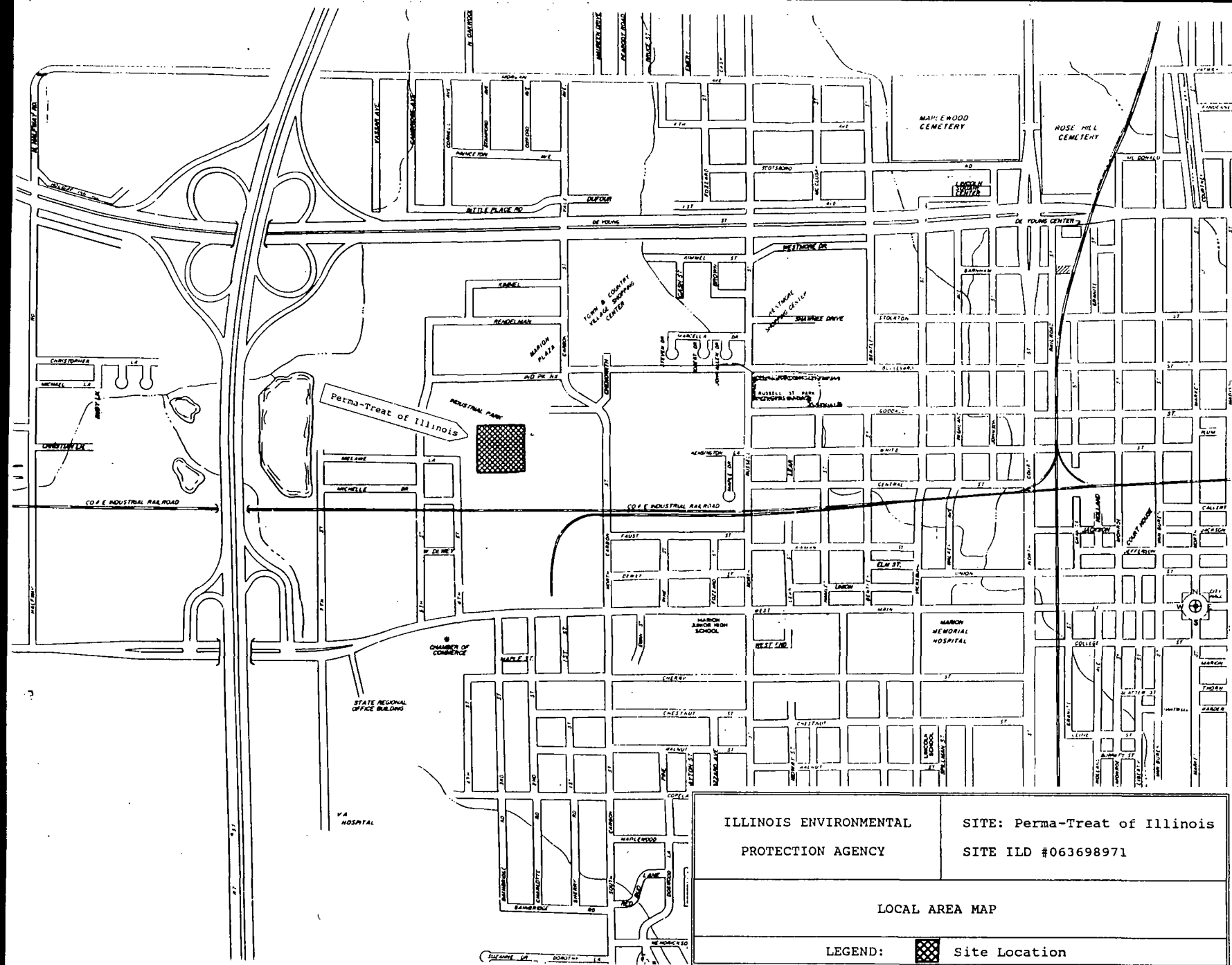
ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY

SITE: Perma-Treat of Illinois
SITE ILD #063698971

REGIONAL AREA MAP

LEGEND: ☐ Site Location





SDMS US EPA Region V

Imagery Insert Form

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SECTION 3
PHOTOGRAPHS



Photos 9 & 10

Photo 1

ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY

SITE: Perma-Treat of Illinois
SITE ILD #063698971

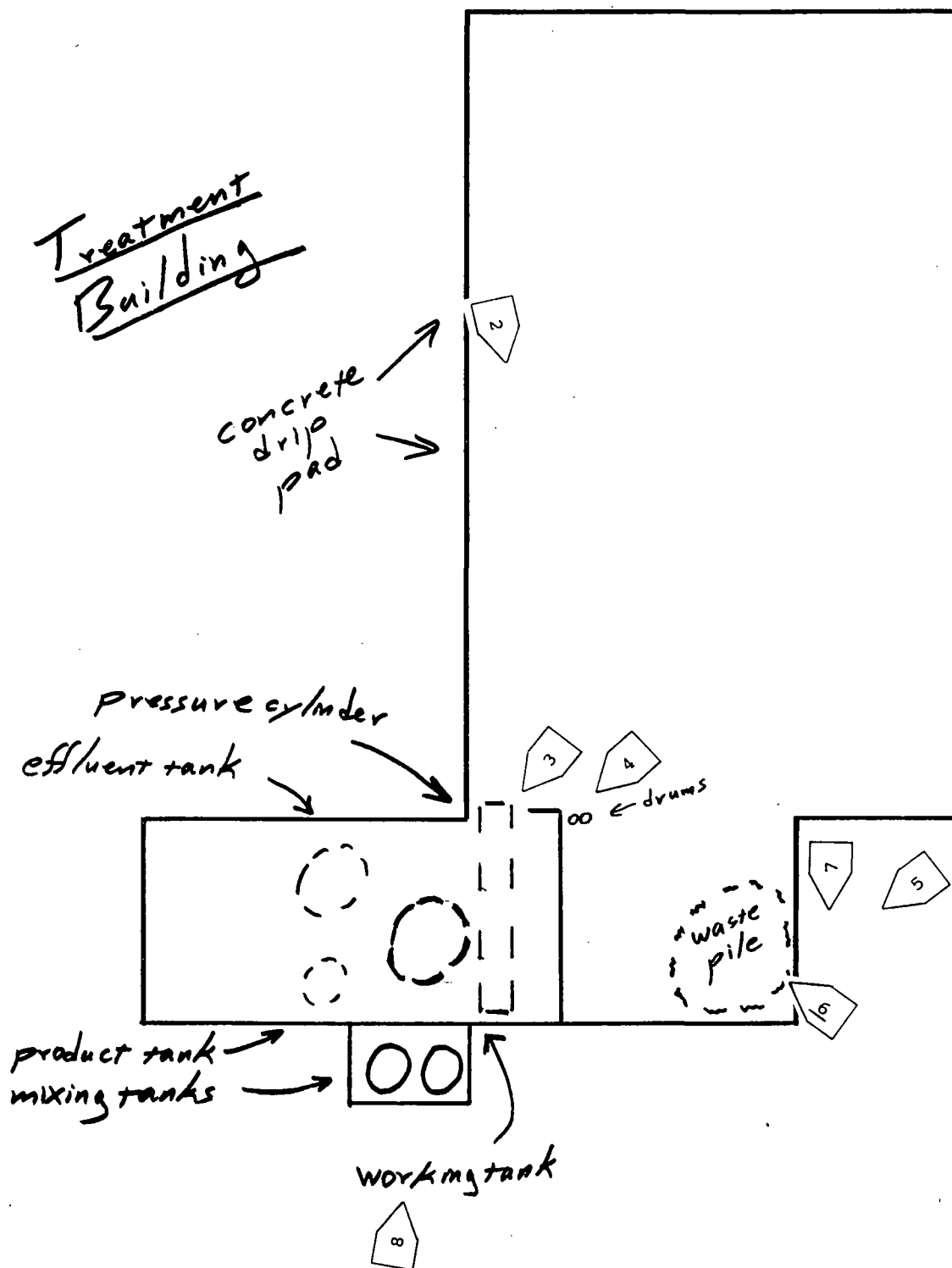
AERIAL PHOTOGRAPH

Approximate Scale: 1"=264'

Date Photographed: 3-21-86

Photograph courtesy of Illinois
Department of Transportation

PHOTOGRAPH LOCATION MAP



Not to any scale.

DATE: June 20, 1991

TIME: 3:05 PM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 1

LOCATION: See aerial photo.

Near northwest entrance to

Perma-Treat facility.

PICTURE TAKEN TOWARD: SW

COMMENTS: Entrance to

facility at right side of

photo. Retail sales and

storage buildings visible.



DATE: June 20, 1991

TIME: 9:35 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 2

LOCATION: Just inside

northwest corner of the

treatment building.

PICTURE TAKEN TOWARD: S

COMMENTS: Pressure cylinder

is visible with concrete

drip pad at left. Pooled

liquid is CCA.



DATE: June 20, 1991

TIME: 9:37 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 3

LOCATION: Treatment

building at north end of
pressure cylinder.

PICTURE TAKEN TOWARD: S

COMMENTS: Door pit below
pressure cylinder is
visible. Note opening to
containment pit at right.



DATE: June 20, 1991

TIME: 9:38 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 4

LOCATION: Treatment

building - just west of
photo #3 location.

PICTURE TAKEN TOWARD: S

COMMENTS: Two drums of CCA
contaminated waste dated
6-17-91. Note pooled CCA
north and south of drums.



DATE: June 20, 1991

TIME: 9:50 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 5

LOCATION: East of the south
end of treatment building/
drip pad.

PICTURE TAKEN TOWARD: W-SW

COMMENTS: Wastepile visible
at left on SE corner of
drip pad. Note CCA stains
from leak off of drip pad.



DATE: June 20, 1991

TIME: 9:25 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 6

LOCATION: Southeast corner
of the treatment building/
drip pad.

PICTURE TAKEN TOWARD: NW

COMMENTS: Close-up of the
waste pile consisting of
CCA contaminated soil,
rocks, wood chips, etc.



DATE: June 20, 1991

TIME: 9:55 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 7

LOCATION: East of south end
of treatment building/drip
pad.

PICTURE TAKEN TOWARD: S

COMMENTS: Waste pile
visible on drip pad at
right. Note CCA stain on
edge of concrete pad and visible soil contamination.



DATE: June 20, 1991

TIME: 9:42 AM

PHOTOGRAPH TAKEN BY: _____

Bruce Ford

PHOTOGRAPH NUMBER: 8

LOCATION: South of the
treatment building.

PICTURE TAKEN TOWARD: N

COMMENTS: Outdoor mixing
tanks are shown with
concrete base and one-foot
high berm visible.





DATE: June 20, 1991

TIME: 3:15 PM

PHOTO TAKEN BY: Bruce Ford

PHOTOGRAPH NUMBER: 9

DATE: June 20, 1991

TIME: 3:16 PM

PHOTO TAKEN BY: Bruce Ford

PHOTOGRAPH NUMBER: 10

LOCATION: See aerial photo. Near the NW corner of the facility.

PICTURES TAKEN TOWARD: South

COMMENTS: From left to right are white office building, red treatment building, and the orange building where raw lumber is trimmed to dimension prior to pressure treatment. (The asphalt parking lot near lower lefthand corner of photo #9 is part of the Industrial Park.

SECTION 4

SUPPORTING DOCUMENTATION/REFERENCES

Reference I



**CERTIFIED[®]
ASSESSMENT
EVALUATOR**

RICHARD E. BARTON, CAE
SUPERVISOR OF ASSESSMENTS

WILLIAMSON COUNTY COURTHOUSE
MARION, ILLINOIS 62959



Phone (618) 997-1301

Ext. 142

Office Hrs. 8:00 - 4:00

Monday thru Friday

May 28, 1991

Bruce Ford
IEPA/DLPC/RPMS #24
2200 Churchill Road
Springfield, IL. 62794-9276

Re: Parcel # 06-14-428-013 (Perma-Treat)

Dear Mr. Ford:

I am writing in response to your letter dated May 23, 1991
regarding Perma-Treat.

Please find enclosed the following documents:

1. Copy of Property Record Card.
2. Copy of Memorandum of Agreement.

We show the current owner as the City of Marion with Rudy
Bond buy on Contract for Deed. The tax bill is being sent to
Rudy Bond, Perma-Treat Inc., P.O. Box 99, Marion, IL. 62959.

Trusting this information will be helpful to you.

Sincerely,

Richard E. Barton, CAE
Supervisor of Assessments

REB/lv

encs.

RECEIVED

MAY 30 1991

IEPA/DLPC

PROPERTY RECORD COMMERCIAL - INDUSTRIAL

NAME AND DESCRIPTION
CITY OF MARION

SE 14 09 02 ACRES 6.26
E. 380' OF W. 940' OF S. 720'
OF N. 1295'

PRICE FOR "KILN"
UNAVAILABLE

717

PERMISSION TO IN

TOWN: WEST MARION VOLUME: MR2 AREA: SEC: BLOCK: PARCEL: UNIT:

COMMERCIAL Property Class: 0060 Land Use: Zoning: N.H. Code: 1086 Date No: Condo: Comm:

RECORD OF OWNERSHIP

Cady Bond (owner of record)

DATE: 6-12 STAMPS: 167 BOOK: 325

BUILDING PERMIT RECORD

DATE	NUMBER	AMOUNT	YR. ASSMT	N/C	P/U YEAR	PURPOSE
7-16-90	90-105	10,000	91			Lumber Shed
8-14-90	90-135	100,000	91			Dry Kiln

MEMORANDUM

1987 CHANGE FROM 100' WIDE PREVIOUSLY 60' WIDE CITY SPLIT FROM 06-14-42 P-204 91 CHANGE 3 NEW ONE DING 1 SEE 60' FOR PAVING

TOPOGRAPHY:

Level: Water High: Sewer Low: Gas Rolling: Electricity Swampy: All

STREET OR ROAD: NEIGHBORHOOD:

Paved: Improving Unpaved: Static Proposed: Declining Sidewalk: Blighted Alley:

FRONTAGE COMPUTATIONS

SO. FT. 1. PRIMARY SITE 2. SECONDARY SITE 3. UNDEVELOPED 4. RESIDUAL

ACREAGE 1. PRIMARY SITE 2. SECONDARY SITE 3. UNDEVELOPED 4. RESIDUAL

INFLUENCE FACTOR/COMMERCIAL-INDUSTRIAL 1. CORNER INFLUENCE 2. ALLEY INFLUENCE 3. TOPOGRAPHY 4. UNDER IMPROVEMENT 5. EXCESS FRONTAGE 6. SHAPE OR SIZE 7. MISIMPROVEMENT 8. RESTRICTIONS 9. VIEW 0

NO DATA AND REQUEST

N	ACTUAL FRONTAGE	EFFECTIVE FRONTAGE	EFFECTIVE DEPTH	DEPTH FACTOR	BASE RATE	ADJUSTED RATE	EXTENDED VALUE	INFLUENCE FACTOR	%	FULL VALUE
L									%	
L									%	
L									%	
L									%	
S			Sq. Ft.						%	
S			Sq. Ft.						%	
S			Sq. Ft.						%	
A		1.6	Acres		100.0		16000		%	16000
A		4.7	Acres		100.0		47000		%	47000
A			Acres						%	
Total Acreage: 6.3										TOTAL FULL VALUE LAND: 20700

VALUATION RECORD

REASON FOR CHANGE	ASSESSMENT YEAR	1988	Factor	1991	Factor	19	Factor	19	Factor	19	Factor
FULL VALUE	Land	20700		20700							
	Improvements	115490		169620							
	Total	136190		190320							
ASSESSED VALUE	Land	16000		16900							
	Improvements	34600		56540							
	Total	50600		73440							

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BUILDING SECOND COMMERCIAL INDUSTRIAL

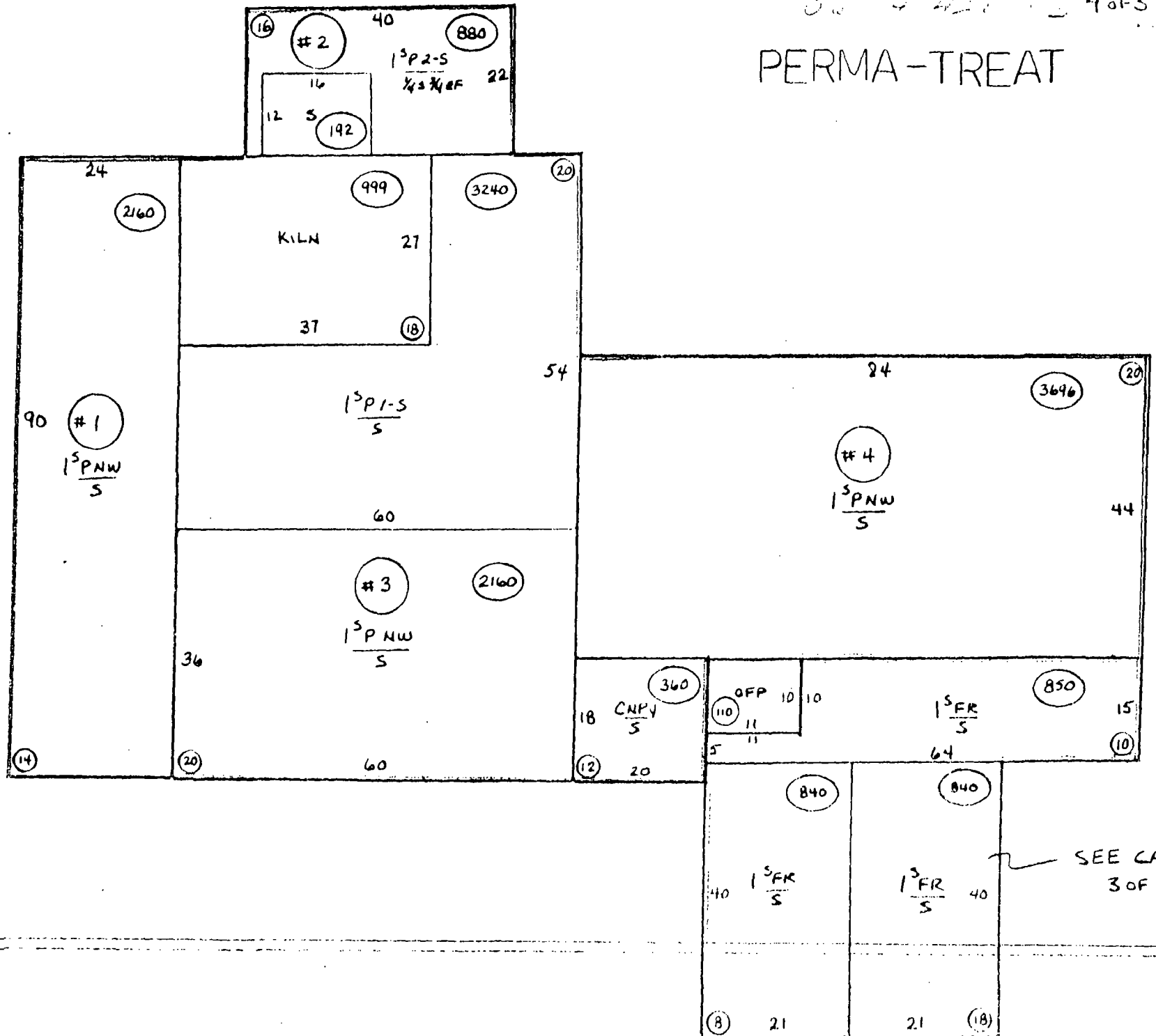
MIDWEST GOVERNMENTAL SERVICE © 1984

CONST. SPECIFICATIONS				USE				CONDO COMM				DESCRIPTION				COMPUTATION	
FOUNDATION				Store				Office				Basement				Rate	
Sprd. Fthg.				Apt.				W.H.				Vacant				S/F Ground Area	
Caisson				Factory				Abnd.				Bif. Parth. L/F				3240	
Other				No. of Units				C/F of Bldg.				SP				1st Floor	
FRAMING				Av. Unit. Sz.				S/F Wall Area				2nd Floor				9.00	
B 1 2 3 UP				No. Rm. Pr. Un.				Wall Ratio				3rd Floor					
Wood				PRORATED @ _____ % WITH:				Sty. Pole				Schl. Pole					
Steel O/F																	
Reinf. Conc.																	
Ld. Bearing																	
FLOORS																	
Wood				#1 3.60 1P NW				SEE SKETCH CARD				307.2 1.45				Base Price	
Steel O/F				1.45 Floor				RBD AREA				307.2 1.30				SFA %	
Reinf. Conc.				3.45				46 F.S.				CEILING 307.2 70				Heat	
Frame				#2 1.25 1P L-S								CONE 0 1.45				AVC	
Wood				1.05												Electr. Light	
Steel				3.50 Floor 44%												Sprinkler NO	
Glass				5.10												Insulation	
WALLS																Floor	
Wood				#3 2.15 1P NW				DRYER								S/F Price	
Masonry Bk. Br.				1.45 Floor				128 1/2 184								S/F	
Steel				3.60				2302 184								Subtotal	
Glass				2.15				992 126 1/2								Plumbing	
FINISH																	
Unfinished				#4 2.15 1P NW				C/W 1.00				2804 0 2.70				Partitions	
Fnsd. Open				1.45 Floor				FLOR 1.45				992 0 2.70 15300				Leaving	
Fnsd. Divd.				3.60				2.45				360 0 13.45				Front	
HEAT																Canopy	
Centrl. Wm. Air				#4 2.15 1P NW												Dock	
Ht. Wt/Steam				1.45 Floor													
Unit Heaters 307				3.60													
None																	
AIR COND.																	
Central																	
Unit																	
NONE																	
ROOFING																	
Composition																	
Shingle																	
Metal																	
Frame																	
Wood																	
Steel																	
Conc.																	
PLUMBING TYPE																	
1 NONE				Type				No.				Construction				Size	
2				1P/3 NO WALLS				1				Pole NW 24x90				2160	
3				1P/3 2-SIDES				2				Pole 22x40				2800	
4				1P/3 NO WALLS				3				Pole NW 34x60				2160	
Sprinkler NO				1P/3 NO WALLS				4				Pole NW 44x84				3480	
MECHANICAL																	
Notes:																	
Listed: FS/JR				Date: 10-7-81				Reviewed:				Date:					

BUILDING RECORD COMMERCIAL INDUSTRIAL

[illegible]

PERMA-TREAT



SEE CARD
3 of 5

PERMA-TREAT

BUILDING RECORD COMMERCIAL INDUSTRIAL

CONST. SPECIFICATIONS				USE				CONDO/COMM		DESCRIPTION		COMPUTATION									
FOUNDATION Sprd. Fing. <input type="checkbox"/> Pile <input type="checkbox"/> Other <input type="checkbox"/> Caisson <input type="checkbox"/>				Store <input type="checkbox"/> Office <input type="checkbox"/> Vacant <input type="checkbox"/> Apt. <input type="checkbox"/> W.H. <input type="checkbox"/> Abndnd. <input type="checkbox"/> Factory <input checked="" type="checkbox"/>				S/F Ground Area: 5760 Eff. Perim. L/F: 312 C/F of Bldg.: S/F Wall Area: Wall Ratio:		1 st Floor 2 nd Floor 3 rd Floor		Rate 3.50									
FRAMING Wood <input type="checkbox"/> Steel O/F <input type="checkbox"/> Reinf. Conc. <input type="checkbox"/> Ld. Bearing <input type="checkbox"/> B 1 2 3 UP				No. of Units Av. Unit. Sz. No. Rm. Fr. Un.				Sty. Pole Sch. Pole		16 16 16		3.50									
FLOORS Wood <input type="checkbox"/> Steel O/F <input type="checkbox"/> Reinf. Conc. <input type="checkbox"/> Frame <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Conc. <input checked="" type="checkbox"/>				PRORATED @ _____ % WITH:																	
WALLS Wood <input type="checkbox"/> Masonry Bk. Br. <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Glass <input type="checkbox"/>																					
FINISH Unfinished <input type="checkbox"/> Enghd. Open <input type="checkbox"/> Enghd. Divd. <input type="checkbox"/>																					
HEAT Chrl. Wm. Air <input type="checkbox"/> Ht. Wt./Steam <input type="checkbox"/> Unit Heaters <input type="checkbox"/> None <input checked="" type="checkbox"/>																					
AIR COND. Central <input type="checkbox"/> Unit <input type="checkbox"/> NONE <input checked="" type="checkbox"/>																					
ROOFING Composition <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Conc. <input type="checkbox"/>																					
PLUMBING TYPE 1 NONE 2 3 4 Sprinkler NO																					
MECHANICAL																					
SPECIAL FEATURES: CENTRAL POLE BLDG. BUILT 1979 MOVED TO PRESENT LOCATION 1982 #3 FORMS LAYED FOR ADDITIONAL CONCRETE PAVING "W/GR AB"												Base Price 3.50 BPA % Heat A/C Electric Light 1.30 Sprinkler NO Floor 1.45 S/F Price 6.25 S/F 5760 Subtotal 36000 Plumbing Partitions Front Canopy Dock S.C.M. Grade C Total 36975 G&D G NH A Eff. Age CDU AGE Replmt. Value 36975 6 F 1979 REL 75 Full Value 37730									
SUMMARY OF OTHER BUILDINGS																					
Type		No.		Construction		Size		Rate		Grade		Erected		CDU		Repl. Value		REL		Full Value	
CANY 15		1		1 st Pole 22x24		528		3.45		C		1986		A		1820		.95		1730	
CANY 15		2		1 st Pole 22x96		2112		3.45		C		1986		A		7285		.95		6920	
PAVING		3		CONCRETE		1616		1.45		C		1986		A		2345		.50		1170	
Notes:														Total Full Value Other Bldgs. 9820							
Listed: FS-JR Date: 10-7-91 Reviewed: Date:														37550							

BUILDING RECORD COMMERCIAL INDUSTRIAL

CONST. SPECIFICATIONS				USE		CONDO. COMM.		DESCRIPTION				COMPUTATION	
FOUNDATION Sprd. Ftnv. <input type="checkbox"/> Pile <input type="checkbox"/> Calsson <input type="checkbox"/> Other <input checked="" type="checkbox"/>				Store <input type="checkbox"/> Office <input checked="" type="checkbox"/> 29% Apt. <input type="checkbox"/> W.H. <input checked="" type="checkbox"/> 71% Factory <input type="checkbox"/>		S/F Ground Area 5040 Eff. Perim L/F C/F of Bldg. S/F Wall Area Wall Ratio		WH <input type="checkbox"/> Rate Bsm't. <input type="checkbox"/> 1st Floor 2.85 2nd Floor 3rd Floor				Rate	
FRAMING Wood <input checked="" type="checkbox"/> B <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> UP Steel O/F/P Reinf. Conc. Ld. Bearing				No. of Units Av. Unit. Sz. No. Rm. Pl. Un.		1 Sty Pole Bchl. Pole & PIP		CIP CONC 2100 21% FLOOR + .40				Rate	
FLOORS Wood E.M.H. 71% <input checked="" type="checkbox"/> Steel O/F/P Reinf. Conc. 29% <input checked="" type="checkbox"/> Frame Wood Steel CONC				PROPORTED @ _____ % WITH:		14		Base Price 3.45 G.P.A. % Heat A/C 1.10 Electr. Light Sprinkler				Rate	
WALLS Wood Masonry Bk. Br. Steel <input checked="" type="checkbox"/> Glass				15 Pole 140		15 Pole 140		S/F Price 4.55 S/F 5040 Subtotal 22930 Plumbing 2000 ELEC. WATER PARTITIONS 735 CIP OFFICE 1400 11.72 FINISH 16.850 Front Canopy 1225 Dock				Rate	
FINISH Unfinished 71% <input checked="" type="checkbox"/> Fnsd. Open Fnsd. Divd. 29% <input checked="" type="checkbox"/>				140		140		4 FIX @ 500 1 FIX @ 735 CIP 1800 @ 6.80				Rate	
HEAT Cntrl. Win. Air 29% <input checked="" type="checkbox"/> Ht. Wt./Steam Unit Heaters				138 140		138 140		Total 43740 C&D G NH 1A 2FAC Eff. Age CDU AGE Replcm't. Value 43740 1 1/2 1990 REL. 98				Rate	
AIR COND. Central 26% <input checked="" type="checkbox"/> Unit				140		140		SPECIAL FEATURES: 90 JUST ORDERED FOR BUILDING				Rate	
ROOFING Composition Shingle Slate Metal <input checked="" type="checkbox"/> Frame (Wood) Steel Conc.				140		140		SUMMARY OF OTHER BUILDINGS Type No. Construction Size Rate Grade Erected CDU Repl. Value REL. Full Value STORAGE 2 15 Pole (36 x 40) 5040 @ 2.00 6% 1990 AVE 10080 98 9880 SLAB 1 15 Pole 524 @ 2.10 6% 1990 AVE 1100 98 1080				Rate	
PLUMBING TYPE 1 4 FIX 2 1 FIX 0 4 Sprinkler NO				140		140		Notes:				Rate	
MECHANICAL				140		140		Listed: JDR Date: 9-18-90 Reviewed: JAR Date: 9-18-90				Rate	

SECURITY AGREEMENT

RUDY BOND (hereinafter called debtor) for valuable consideration, receipt whereof is hereby acknowledged, hereby grants to the CITY OF MARION, an Illinois incorporated municipality, (hereinafter Marion) a security interest in, and mortgages to Marion, the following described goods and any and all additions and accessions thereto: the building, all equipment therein, and appurtenances thereto, situated upon that property described with legal particularity in a certain agreement between these parties dated June 18, 1982.

To secure payment of the following obligation of debtor to Marion:

1. Indebtedness of debtor to Marion in the sum of \$ 209,000.00 evidenced by debtor's promissory note dated 10-18-82.

2. Debtor's business is a manufacturer and sale of salt treated lumber.

3. If any of the property which is hereby secured is affixed to real estate, that real estate is described as follows:

A part of the NE 1/4 of the SE 1/4 of Section 14, T9S, R2E of the 3rd P.M., Williamson County, Illinois, more particularly described as follows:

Commencing at the NE Corner of said quarter quarter section; thence in a southerly direction along the west line of said quarter-quarter a distance of 1283.58 feet to a point on the north Right-of-Way line of the Crab Orchard & Egyptian Railroad (C.O. & E RR); thence in a westerly direction along said north Right-of-Way line a distance of 434.28 feet to the Point of Beginning of this description; thence in a northerly direction with a deflection angle to the right of 89 degrees 14' 14"; said line being the west property line of Hulbert

1 E. B.

Oil Co.; a distance of 720.19 feet to a point; thence in a westerly direction on a line parallel to the north Right-of-Way line of the C.O. & E Railroad a distance of 374.00 feet to a point; thence in a southerly direction with a deflection angle to the left of 85 degrees 18' 42" a distance of 156.89 feet to a point; thence in a southerly direction on a line parallel to the afore described east line an approximate distance of 564.00 feet to a point on the south Right-of-Way line of the CO&E RR; thence in an easterly direction along said north Right-of-Way line an approximate distance of 380.7 feet to the Point of Beginning of this description; containing 6.3 acres, more or less.

The name of the record owner of said property is Marion.

Signed in duplicate and delivered on this 18th day of

October, 19 82.

CITY OF MARION

BY Robert I. Butler, Mayor

Rudy Bond
RUDY BOND / Mayor

attorney or attorneys of any court of record to appear for the undersigned, in such court at any time after the occurrence of a default, and to confess judgment against him in favor of Marion or any other holder for such sum as may appear to be unpaid and owing hereon, together with interest and costs, (including reasonable attorneys fees), and consent to the immediate execution upon any such judgment. The undersigned hereby waives the issuance of process and service thereof.


RUDY BOND

STATE OF ILLINOIS } ss. 6200
WILLIAMSON COUNTY }
This instrument was filed for record
this 17 day of October 1966
at 9:10 o'clock P.M. and recorded
in Book Record 67 Page 227
Benny R. Brown
COUNTY CLERK & RECORDER

MEMORANDUM OF AGREEMENT

THIS Agreement is made and entered into between the City of Marion, an Illinois incorporated municipality, (hereinafter Marion) and Rudy Bond, d/b/a R & C Specialty Wood Processing Co., (hereinafter Bond).

RECITALS

1. Marion owns certain real estate (hereinafter property) which is suitable for commercial development.

2. Bond is desirous of acquiring the property for the purpose of constructing and operating a manufacturing plant for the salt treatment of lumber.

3. Marion is desirous of selling the property to Bond but only on the condition that it be developed and utilized for the purpose stated above.

4. In addition to selling the property to Bond on terms favorable to Bond, Marion will make certain efforts hereinafter described to assist Bond in obtaining financing for the said manufacturing plant.

5. Marion's undertakings herein are directed toward the end that the property be utilized for the purpose stated and that industry and commerce be stimulated and the citizenry thus benefited.

WHEREFORE, THE PARTIES do hereby agree as follows:

I.
Purchase Price of Property

1. Marion agrees to sell and Bond agrees to buy the property which is hereafter stated with legal particularity:

A part of the NE 1/4 of the SE 1/4 of Section 14,
T9S, R2E of the 3rd P.M., Williamson County,

373
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Illinois, more particularly described as follows:

Commencing at the NE Corner of said quarter quarter section; thence in a southerly direction along the west line of said quarter-quarter a distance of 1283.58 feet to a point on the north Right-of-Way line of the Crab Orchard & Egyptian Railroad (C.O. & E. RR); thence in a westerly direction along said north Right-of-Way line a distance of 434.28 feet to the Point of Beginning of this description; thence in a northerly direction with a deflection angle to the right of 89 degrees 14' 14"; said line being the west property line of Hulbert Oil Co.; a distance of 720.19 feet to a point; thence in a westerly direction on a line parallel to the north Right-of-Way line of the C.O.&E. Railroad a distance of 374.00 feet to a point; thence in a southerly direction with a deflection angle to the left of 85 degrees 18' 42" a distance of 156.89 feet to a point; thence in a southerly direction on a line parallel to the afore described east line an approximate distance of 564.00 feet to a point on the south Right-of-Way line of the CO&E RR; thence in an easterly direction along said north Right-of-Way line an approximate distance of 380.7 feet to the Point of Beginning of this description; containing 6.3 acres, more or less.

2. The purchase price for the property is \$21,000.00, which shall be paid as follows:

- (a) \$18,000.00 as of the date of the signing of this agreement;
- (b) The balance of \$3,000.00, which shall not bear interest, at the time of the event hereinafter provided for.

3. Marion will convey marketable title to Bond at such time as the purchase price has been paid in full.

4. There is no right of prepayment with respect to the \$3,000.00.

5. Marion will give possession of the property to Bond as of the date of the signing of this agreement.

II.
Direct Loan by Marion

1. Marion will make application for a block grant from the Illinois Department of Commerce in an amount not less than \$200,000.00.

2. If Marion is awarded said grant then it will loan Bond the sum of \$200,000.00 in consideration for his execution of the Promissory Note and Security Agreement appended hereto as Exhibits A & B respectively.

3. The \$3,000.00 balance on the purchase price shall be paid at such time as the above note is paid in full along with any accrued interest.

III.
No Direct Loan by Marion

1. If Marion is not awarded said grant then Bond will be solely responsible for obtaining whatever financing he finds necessary and convenient for the construction and operation of the said manufacturing plant, and Marion will have no obligation to him except as hereinafter provided.

2. Marion will convey the property to Bond so that the same may be used by him as security for financing provided that:

- (a) The \$3,000.00 balance on the purchase price is paid, and;
- (b) The said property is mortgaged by Bond for an amount not to exceed \$21,000.00, and;
- (c) Bond assigns all of his right of redemption under any mortgage to Marion.

IV.
General Provisions

1. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter contained in it and supersedes all prior and contemporaneous agreements,

10-18-82

Date

PROMISSORY NOTE

FOR VALUE RECEIVED, the undersigned debtor promises to pay to the order of the City of Marion, an Illinois incorporated municipality, (hereinafter Marion) at the City Hall in Marion, Illinois, in lawful money of the United States, the sum of \$209,000.00, with interest thereon at the rate of 4 1/2 per cent per annum. Said sum shall be paid in 120 equal monthly installments of \$2,166.08. The first such payment shall be due one year from ~~1982~~ 1984 on the last day of each succeeding month until the said balance is paid in full.

In the event of a default, this note shall, at the option of Marion, be accelerated and become immediately due and payable without presentment, demand, notice or protest of any kind, all of which are expressly waived by the undersigned. The undersigned agrees to pay to holder all expenses and expenditures, including reasonable attorney fees and legal expenses, incurred or paid by holder in exercising or protecting its interest in rights and remedies under this note. No waiver by holder of a default shall operate as a waiver of any default or of any other default on a future occasion. No provision hereof shall be excluded, waived, modified, or limited except by a written instrument signed by an officer of Marion and expressly setting forth the provisions so excluded, waived, modified or limited. All rights, powers and remedies of Marion, or of any other holder, are cumulative.

CONFESSION OF JUDGMENT

The undersigned irrevocably authorizes and empowers any

1 E. A.

representations, and understandings of the parties. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing by all the parties. No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.

2. This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

3. This Agreement is nonassignable by either party except insofar as Bond shall assign to Marion any and all rights of redemption in and to any mortgage executed by him of the subject property.

4. All notices, requests, demands shall be in writing and shall be deemed to have been duly given on the date of service if served personally on the party to whom notice is to be given, or on the third day after mailing if mailed to the party to whom notice is to be given, by first class mail, registered or certified, postage prepaid, and properly addressed as follows: City of Marion, City Hall, Tower Square Plaza, Marion, IL 62959; Rudy Bond, d/b/a R & C Specialty Wood Processing Co., Box 381, Paris, IL 61944. Any party may change its address for the purpose of this paragraph by giving the other party written notice of the new address in the manner set forth above.

3. This Agreement shall be construed in accordance with and governed by the laws of the State of Illinois. Bond hereby covenants that, insofar as this Agreement is concerned, he is a citizen of the State of Illinois.

IN WITNESS WHEREOF, The parties to this Agreement have duly executed this 18th day of June, 1982.

CITY OF MARION

at Robert S. Butler
ROBERT S. BUTLER, Mayor

James J. Bond
JAMES J. BOND, Individually

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Reference II



DATE: March 25, 1987³³
TO: Land Division File
FROM: G. E. Steele, DLPC/FOS
SUBJECT: 199055010 - Williamson Co.
Perma-Treat
ILD063698971 F.O.S. Incident #3796

An investigation of a spill of C.C.A. (Copper-Chrome-Arsenic) wood preservative at the Perma-Treat plant in Marion was conducted on March 25, 1987 by this author. Mr. Rudy Bond of Perma-Treat called the Marion Regional Office at approximately 10:00 a.m. He stated that they had had a spill of the preservative from their retort the night of 3-24-87.⁸² Apparently, the door to the treatment cylinder did not get completely closed. When the cylinder was pressurized, the .9% chemical solution was forced out. Mr. Bond said between 5 to 10 gallons were lost. The spill did not leave the property. He had contacted the National Response Center, who informed him that this was not a reportable spill. He was calling IEPA because of past good working relationships and to insure that his cleanup plan was adequate.

The spill covered an approximate 5 yard x 15 yard area north of the treatment cylinder and west of the covered drip pad. Small ponds of bright green liquid were observed over this area. Mr. Bond planned to treat the affected area using cement as a neutralizing agent and absorbent. The entire area would then be excavated and the soil disposed of through their routine disposal site. (This site generates contaminated soil from cleaning catch basins associated with the treatment area). They were in the process of removing lumber from the area. A truck had been sent to pick up the dry cement. I observed a culvert adjacent to the spill site. I recommended this pipe be blocked until the clean-up was complete.

I left the site and proceeded to where the ditch which runs south of the plant, which the culvert empties into, was crossed by Court Street. The same bright green discoloration was observed in the ditch. I went over to Russell Street, which is one more block east. The bright green discoloration was still seen in the ditch. I returned to Perma-Treat and told them of my findings. I instructed them to notify the Illinois notification number as the spill had left the site. I returned to the Marion office to involve DWPC/FOS in this situation. The ditch, otherwise known as West Creek, empties into Crab Orchard Creek and Crab Orchard Lake, which are just downstream on the south edge of Marion. Dwight Hill continued the investigation with me. Thunderstorms had moved through the Marion area during the night on 3-24-88. We went to the Rt. 37 bridge over C.O. Creek, which is just before it enters the lake. A small amount of bright green discoloration was seen along the edge of back water near the bridge supports. None was seen in the flowing water. No indications were seen at Market and Boyton streets, or the Monroe Street Bridge. The discoloration was seen at the Ice Plant bridge (College and Granite) and was questionable at the Holland Street bridge. Water samples were taken at the ice plant and Holland Street. We returned to Perma-Treat.

APR 13 1988

IEPA-DLPC

Perma-Treat
March 25, 1987
Page 2

Upstream and downstream samples were taken. Mr. Bond was anticipating adding concrete to the ditch to neutralize the material. This was discouraged as it would allow the metals to precipitate out, resulting in contaminated sediments. As flow rates in the creeks were high, and the solution was water soluble, no action will be taken with the material in the ditch. Mr. Bond modified the amount lost was 25 gallons. This was based on tank guage readings.

GES:cs/0473L/4-7-88

cc: DLPC-Marion
DWPC-Marion

RECEIVED
APR 13 1988
IEFA-DLPC

Reference III



May 21, 1991

Illinois State Water Survey

Hydrology Division

2204 Griffith Drive
Champaign, Illinois 61820-7495
Telephone (217) 333-4300
Telefax (217) 333-6540

Mr. Bruce Ford
Illinois Environmental Protection Agency
Division of Land Pollution Control - RPMS #24
2200 Churchill Road
Springfield, Illinois 62794

Dear Mr. Ford:

As you requested during our telephone conversation on May 13, we are enclosing the available water well records from our files for the following locations in Williamson County:

TOWNSHIP	RANGE	SECTION
8 South	2 East	25,27
9 South	2 East	1-5,7-30,32-36
9 South	3 East	28,32
10 South	2 East	1

The following is a listing of the locations in Williamson County where there was no available information in our files:

TOWNSHIP	RANGE	SECTION
8 South	2 East	26,33-36
8 South	3 East	30-32
9 South	3 East	4-9,16-21
10 South	2 East	3

If you have any questions or if we can be of further assistance, please call.

Sincerely,

Trudy K. Dahl
Technical Assistant
Office of Ground-Water Information
Phone: (217) 333-9043

TKD/psh

Enclosures as stated

RECEIVED

MAY 24 1991

IEPA/DL-C



A Division of the

Illinois Department of Energy and Natural Resources

White Copy -
Ill. Dep. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled X Finished in Drift _____ In Rock X
Tubular _____ Gravel Packed _____
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Neat	0	55

2. Distance to Nearest:

Building 30 Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 50' + Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes X No _____

4. Date well completed 11/26/82

5. Permanent Pump Installed? Yes _____ Date _____ No X

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes X No _____ Type Plastic Water

7. Pitless Adapter Installed? Yes _____ No X proof

Manufacturer _____ Model Number _____

How attached to casing? _____

8. Well Disinfected? Yes X No _____

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

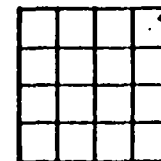
11. Water Sample Submitted? Yes _____ No X

REMARKS:

Owner installed his
own pump.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Donald Dodd Well No. _____
Address 224 S. Johnston City, Ill.
Driller James A. Reer License No. 1102-67
11. Permit No. 103-631 Date Nov 17/82
12. Water from Sandy Shale 13. County Williamson
Formation
at depth 60 to 65 ft. Sec. 25th
14. Screen: Diam. _____ in. Twp. 8S
Length: _____ ft. Slot _____ Rge. 2E
Elev. _____



SHOW
LOCATION IN
SECTION PLAT
NE NE NE

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
6	Plastic Sch. 40	0	55

16. Size Hole below casing: 6 in.

17. Static level 25 ft. below casing top which is 1 1/2 ft. above ground level. Pumping level 40 ft. when pumping at 45 gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Sandy clay	18	28
Sandy gray shale	22	50
Hard Sandy	19	69

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Reer DATE Nov 30/82

Copy -
Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled X Finished in Drift _____ In Rock X
Tubular _____ Gravel Packed _____
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)
neat	0	40

2. Distance to Nearest:

Building 100 Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 50' Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes _____ No X

4. Date well completed Oct 25/84

5. Permanent Pump Installed? Yes _____ Date _____ No X

Manufacturer _____ Type _____ Location _____

Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes X No _____ Type Blaster

7. Pitless Adapter Installed? Yes _____ No X

Manufacturer _____ Model Number _____

How attached to casing? _____

8. Well Disinfected? Yes X No _____

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

11. Water Sample Submitted? Yes _____ No X

REMARKS:

Owner installed pump.

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner George Kenzaly Well No. _____

Address 2237 Marsden Ill.

Driller James A. Keer License No. 102767

11. Permit No. 115 497 Date Oct 23/84

12. Water from Limestone 13. County Williamson

at depth 50 to 55 ft. Sec. 27

14. Screen: Diam. _____ in. Twp. 8S

Length: _____ ft. Slot _____ Rge. 2E

Elev. _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6	SD 21	0	40

SHOW
LOCATION IN
SECTION PLAT

NW NW SE

Navigation

16. Size Hole below casing: 6 in.

17. Static level 30 ft. below casing top which is 15 ft.

above ground level. Pumping level 45 ft. when pumping at 45

gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Sandy clay	30	30
Shale	20	50
Limestone	5	55

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Keer DATE Jan 7/85

White Copy -
Ill. Dept. of P. Health
Yellow Copy - Well Driller
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled ☐ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)
Well	0	60

2. Distance to Nearest:

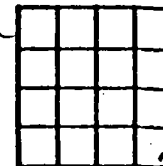
Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast Iron)
Privy Sewer (Cast Iron)
Septic Tank 110' Barnyard
Leaching Pit Manure Pile

3. Well furnishes water for human consumption? Yes ☐ No ☒
4. Date well completed March 25/77
5. Permanent Pump Installed? Yes ☐ Date No ☒
Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.
6. Well Top Sealed? Yes ☒ No ☐ Type Impervious tight
7. Pitless Adapter Installed? Yes ☐ No ☒
Manufacturer Model Number
How attached to casing?
8. Well Disinfected? Yes ☒ No ☐
9. Pump and Equipment Disinfected? Yes ☐ No ☐
10. Pressure Tank Size gal. Type
Location
11. Water Sample Submitted? Yes ☐ No ☐

REMARKS:

Owner had pump installed

10. Property owner Home Well Auto Rental Well No.
Address Rt 148 S. Herron Ill
Driller James A. Geer License No. 1-2-67
11. Permit No. 54692 Date April 17/77
12. Water from Sandstone 13. County Williamson
at depth 10 to 110 ft. Sec. 7.1a
14. Screen: Diam. in. Twp. 9S
Length: ft. Slot Rge. 2E
Elev.



15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
6	Plastic Sec. 40	0	60

SHOW
LOCATION IN
SECTION PLAT
20S, 150W, NE1/4 SESESE

16. Size Hole below casing: 6 in.
17. Static level 30 ft. below casing top which is 12 ft.
above ground level. Pumping level ft. when pumping at
gpm for hours. Peak Well about 1 gal per min

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Sand & clay	57	57
Sand & gray shale	30	90
Sandstone	30	110
Sandy shale	30	140

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED

James A. Geer DATE Dec 4/79

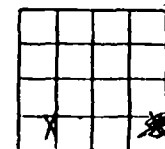
• & Pink Copies:
 111 Dept. of Public Health
 Yellow Copy: Well Contractor
 Golden Copy: Well Owner

Well Construction Report

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
 OF WELL COMPLETION AND SENT TO
 THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 525 WEST JEFFERSON STREET
 SPRINGFIELD, ILLINOIS 62761

GEOLOGICAL AND WATER SURVEYS WELL RECORD

9. Driller RONALD D. BRANK AND License No. 102-00167
 10. Well Site Address R.R. CARTERSVILLE, IL
 11. Property Owner RICHARD MAULDING Well No. 1
 12. Permit No. 139422 Date Issued 11/1/88
 13. Location: County CLYDEMAN
 Sec. 7.1b
 Twp. 9-5
 Rge. 2-E



1. Type of Well

a. Bored _____ Hole Diam. _____ in. Depth _____ ft
 Buried Slab: Yes _____ No _____
 b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft
 c. Drilled X Finished in Drift _____ In Rock X

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
<u>NO WATER: HOLE WAS</u>		
<u>BACK FILLED WITH DRILL</u>		
<u>CUTTINGS + SLURRY</u>		

2. Well furnishes water for human consumption? Yes _____ No _____
 3. Date well drilled _____
 4. Permanent pump installed? Yes _____ Date _____ No _____
 Manufacturer _____ Type _____
 Location _____
 Capacity _____ gpm. Depth of setting _____ ft.
 5. Well top sealed? Yes _____ No _____ Type _____
 6. Pitless adapter installed? Yes _____ No _____
 Manufacturer _____ Model No. _____
 How attached to casing? _____
 7. Well disinfected? Yes _____ No _____
 8. Pump and equipment disinfected Yes _____ No _____

IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

PRESS FIRMLY WITH BLACK PEN OR TYPE
 Do Not Use Felt Pen

14. Water from NO WATER at depth _____ ft

15. Casing and Liner Pipe		to _____ ft	
Diam.(in)	Kind and Weight	From (ft)	To (ft)

Show location
 in section
 plat

NE SW SE
 Irrigation

16. Screen: Diam. _____ in, Length _____ in, Slot Size _____
 17. Size hole below casing _____ in. 18. Ground Elev. _____ ft msl.
 19. Static level _____ ft below casing top which is _____ ft. above
 ground level. Pumping level _____ ft, pumping gpm for _____ hours.

20. Earth Materials Passed Through	Depth of Top	Depth of Bottom
<u>CLAY</u>	<u>0</u>	<u>26</u>
<u>SHALE</u>	<u>26</u>	<u>59</u>
<u>COAL</u>	<u>59</u>	<u>60</u>
<u>BLACK LIMESTONE</u>	<u>60</u>	<u>62</u>
<u>COAL</u>	<u>62</u>	<u>66</u>

Continue on separate sheet if necessary.

Signed R. Brank Date 9/5/88

ILLINOIS STATE GEOLOGICAL SURVEY
Urbana, IllinoisREPORT OF GAS FLOW MEASUREMENT
January 25, 1971FARM - Albert H. Broeking, Route 4, Marion, Illinois 62959
(Tele: 618-993-3220)

LOCATION - about 500'N, 2600'W, of SE corner 10-9S-2E, Williamson County

ELEVATION - 450' topographic map

DATE DRILLED - December 1964

DRILLER - A. W. Geer and Sons, 107 S. 2nd, Marion, Illinois 62959

TOTAL DEPTH - 150'

FORMATION - Pennsylvanian, 18" of coal at 85', 40" at 134', a dry hole to about 148'

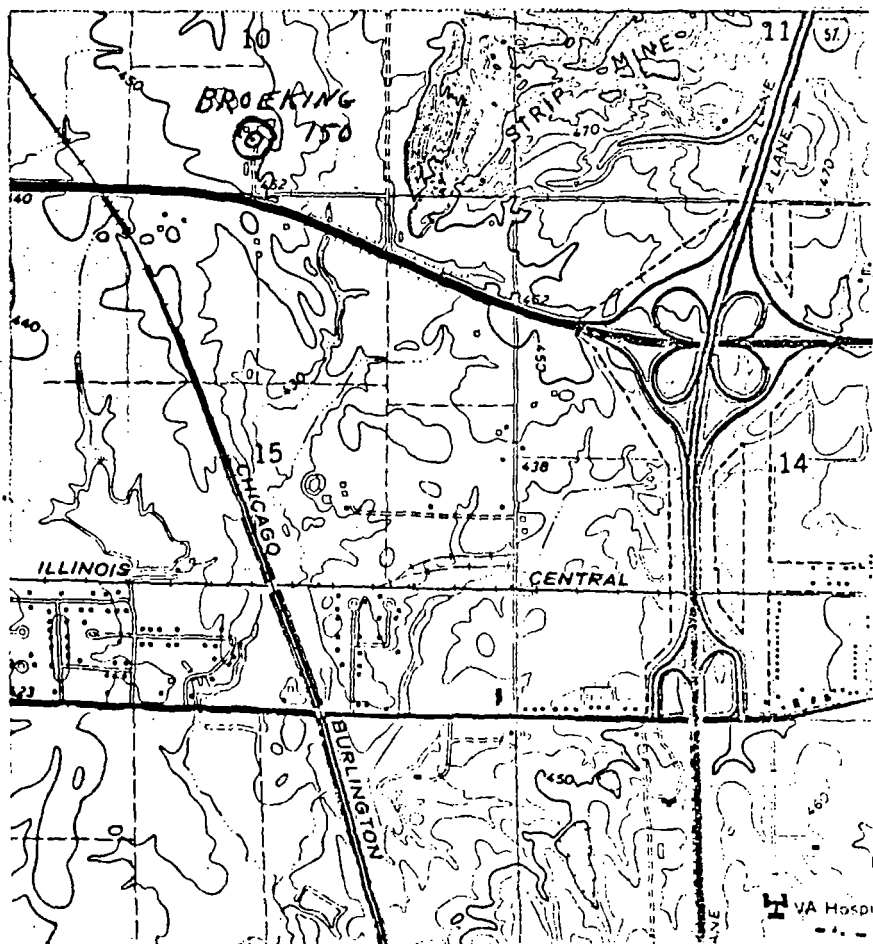
CASING - 6" at 37'

WATER LEVEL - 37' from top (when drilled) not over 10' drawdown

TYPE OF PUMP - Wayne jet pump, jet set at 88' with gas trap, 40-gallon water system tank in basement

WATER TEMPERATURE - 56½° F thru system tank, air was 42°

BAROMETER READING - 29.39"

GAS VOLUME - In 5 min. = 2"
of gas in mason
jar under water
with 3 gallons
of water per min.
passing thru.NOTE: Gas volume appears to
be similar to 1st test
in 1965 or perhaps
slightly more.By Wayne F. Meents
Associate Geological Engineer

City West of Marion County Williamson
 Section 14 Twp. No. 9S Range 2E
 (in feet from two adjoining section lines)
 Location XXXXXXXXXXXXXXXXXXXX 120'E of west side of Sec. 14, & 1410'S of
N side of Sec. 14.
 Owner Skelly Oil Co. Authority XXXXXXXXXXXXXXXXXXXX
 Contractor XXXXXXXXXXXXXXXXXXXX Address XXXXXXXXXXXXXXXXXXXX
 Date drilled unknown Elev. above sea level top of well 450
 Depth approximately 100'
 Log XXXXXXXXXXXXXXXXXXXX

Note: The well is existing & no one has any additional information
 other than what is shown on this sheet.

Were drill cuttings saved XXXXXXXXXXXXXXXXXXXX Where filed XXXXXXXXXXXXXXXXXXXX

Size hole XXXXXXXXXXXX If reduced, where and how much XXXXXXXXXXXXXXXXXXXX

Casing record 6" casing to bedrock; approximately 80'

Distance to water when not pumping XXXXXXXXXXXX Distance to water is XXXXXXXXXXXX

feet after pumping at XXXXXXXXXXXX G. P. M. for XXXXXXXXXXXX hours.

Reference point for above measurements XXXXXXXXXXXXXXXXXXXX

Type of pump XXXXXXXXXXXX Distance to cylinder XXXXXXXXXXXX

Length of cylinder XXXXXXXXXXXX Length of suction pipe below cylinder XXXXXXXXXXXX

Length stroke XXXXXXXXXXXX Speed XXXXXXXXXXXX

Hours used per day XXXXXXXXXXXX Type of power XXXXXXXXXXXX

Rating of motor XXXXXXXXXXXX Rating of pump in G. P. M. XXXXXXXXXXXX

Can following be measured: (1) Static water level XXXXXXXXXXXX

(2) Pumping level XXXXXXXXXXXX (3) Discharge XXXXXXXXXXXX

(4) Influence on other wells XXXXXXXXXXXX

Temperature of water XXXXXXXXXXXX Was water sample collected XXXXXXXXXXXX

Date 3-22-66 Effect of water on meters, hot water

coils, etc. XXXXXXXXXXXX

Date of Analysis XXXXXXXXXXXX Analysis No. 168602

Recorder XXXXXXXXXXXX

Date XXXXXXXXXXXX

Write Copy -
Ill. Dept. of Public Health
Flow Copy - Well Contractor
Use Copy - Well Owner

INSTRUCTIONS TO DRILLERS
FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well
a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled X Finished in Drift _____ In Rock X
Tubular _____ Gravel Packed _____
d. Cased _____

CASED	FROM (FT.)	TO (FT.)
<u>None</u>	<u>0</u>	<u>50</u>

2. Distance to Nearest:
Building 10 Ft. Seepage Tile Field None
Cess Pool None Sewer (non Cast iron) 1
Privy 12 Sewer (Cast iron) 1
Septic Tank 1 Barnyard 1
Leaching Pit 1 Manure Pile 1

3. Well furnishes water for human consumption? Yes _____ No X
4. Date well completed June 22/74
5. Permanent Pump Installed? Yes _____ Date _____ No X

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes X No _____ Type _____
7. Pitless Adapter Installed? Yes _____ No X
Manufacturer _____ Model No. _____
How attached to casing? _____

8. Well Disinfected? Yes X No _____
9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____
Location _____

11. Water Sample Submitted? Yes _____ No X

REMARKS: Well is for irrigation tank

10. Property owner James A. Beer Well No. _____
Address 410 N. B. Hwy. 94
Driller James A. Beer License No. _____

11. Permit No. 30566 Date June 17/1974
12. Water from Sandstone 13. County Williamson

- at depth 100 to 155 ft. Sec. 14
14. Screen: Diam. _____ in. Twp. 9S
Length: _____ ft. Slot _____ Rge. 2E
Elev. _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Thickness	From (ft.)	To (ft.)
<u>6</u>	<u>Plastic Sec 40</u>	<u>0</u>	<u>50</u>

16. Size Hole below casing: 6 in.
17. Static level 15 ft. below casing top which is 1
above ground level. Pumping level 150 ft. when pumping 8
gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	FEET
<u>Sandy Clay</u>	<u>45</u>	<u>45</u>
<u>Sandstone with Shale layers</u>	<u>115</u>	<u>160</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED _____ DATE _____

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELL OWNERS

FILL IN ALL PERTINENT INFORMATION REQUESTED. MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled X Finished in Drift _____ In Rock X
Tubular _____ Gravel Packed _____
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Grout	0'	54'

2. Distance to Nearest:

Building 15' Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 75' Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?

Yes X No _____

4. Date well completed Oct 10/69

5. Permanent Pump Installed? Yes _____ No _____
Manufacturer _____ Type _____
Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes X No _____

7. Pitless Adaptor Installed? Yes _____ No _____

8. Well Disinfected? Yes X No _____

9. Water Sample Submitted? Yes _____ No X

REMARKS: Some items above I can not answer because I do not sell or set pumps

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner James McKinney Well No. _____
Address RR #2 Marion, Ill.
Driller James A. Geer License No. 92-487
11. Permit No. 8400 Date Oct 22, 69
12. Water from Sandstone Formation
at depth 80 to 90 ft. Sec. 15.1d
13. County Williamson
14. Screen: Diam. _____ in. Twp. 9S
Length: _____ ft. Slot _____ Rge. 2E
Elev. _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
7" O.D.	Black	0	54
	2 3/8 lb		

SHOW LOCATION IN SECTION PLAT
200'S 100'W
NE/4 SE

16. Size Hole below casing: 6 1/4 in.

17. Static level 20 ft. below casing top which is 8 " ft.
above ground level. Pumping level 60 ft. when pumping at 8
gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	25'	25'
Soft gray shale	25'	50'
gray Sandstone	50'	100'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Geer DATE 10/24/69

LOG OF WATER WELL

Property owner Wayne T. Hutchinson Well No. 1

Drilled by W. O. Lier Marion Year 1966

Formations passed through	Thick- ness	Depth of Bottom
<u>T. L. soil</u>	<u>9</u>	<u>9</u>
<u>1/2 inch sand, clay, shale</u>	<u>42</u>	<u>51</u>
<u>limestone and shale</u>	<u>16</u>	<u>67</u>
<u>limestone</u>	<u>5</u>	<u>72</u>
<u>sandy shale</u>	<u>6</u>	<u>78</u>
<u>5-5 to 71 water</u>		
Received 11-25-66		

[Continue on back if necessary]

Finished in sandy shale at 66' to 71' ft.

Cased with 4 inch A.D. casing from 0 to 48 ft.
and _____ inch _____ from _____ to _____ ft.

Size hole below casing _____ inch. Static level from surf. 8 ft.

Tested capacity 40 gal. per min. Temperature 55 °F.

Water lowered to _____ ft. in _____ hrs. _____ min.

Length of test _____ hrs. _____ min. Screen _____

Plot _____ Diam. _____ Length _____ Bottom set at _____ ft.

[Show location in Section Plat]

ownship name Marion Elev. _____ Sec. 16

Description of location SW-SE-SW Twp. 9S

Rge. 2E

Signed W. O. Lier County Marion

Copy for Illinois State Geological Survey Index: _____

White
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. 4 in. Depth 48 ft.
Curb material Clay Buried Slab Yes ☐ No ☐
- b. Driven ☐ Drive Pipe Diam. 4 in. Depth 48 ft.
- c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Clay	0	48 ft.

2. Distance to Nearest:

- Building 6 ft. Seepage Tile Field ☐
- Cess Pool ☐ Sewer (non Cast iron) ☐
- Privy ☐ Sewer (Cast iron) ☐
- Septic Tank 7 ft. Barnyard ☐
- Leaching Pit ☐ Manure Pile ☐

3. Is water from this well to be used for human consumption?

Yes ☐

4. Date well completed Jan. 10, 1968

5. Permanent Pump Installed? Yes ☒ No ☐

Manufacturer Grundfos Type Vertical
Capacity 10 gpm. Depth 48 ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☐ No ☒ not by m.l.

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

well was not disinfected by me.
The plumber who set the pump might have disinfected the well. I don't have anything to do with pump installation or drill the well.

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 4162 Year 1968

11. Property owner James W. Morier Well No. 1

Address Rt. 14 - Marion, Illinois

Driller Clayton Keen License No. 92-500

12. Water from Sandy shale 13. County Williamson

at depth 60 to 105 ft. 105

14. Screen: Diam. 4 in. Sec. 16

Length: 48 ft. Slot 1/8 in. Twp. 9S

Rng. 2E

Elev. 480

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
7"	Steel casing 20 lb.	0	48 ft.

SHOW
LOCATION IN
SECTION PLAT

16. Size Hole below casing: 6 in.

17. Static level 3 ft. below casing top which is 1 ft.

above ground level. Pumping level 50 ft. when pumping at 30

gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Sandy shale	57 ft.	105 ft.

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Clayton Keen DATE Oct. 15, 1968

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ____ Bored ____ Hole Diam. ____ in. Depth ____ ft.
Curb material ____ Buried Slab: Yes ____ No ____
- b. Driven ____ Drive Pipe Diam. ____ in. Depth ____ ft.
- c. Drilled ☒ Finished in Drift ☒ In Rock ____
Tubular ____ Gravel Packed ____
- d. Grout:

(KIND)	FROM (FT.)	TO (FT.)

2. Distance to Nearest:

Building ____ Ft. Seepage Tile Field ____
Cess Pool ____ Sewer (non Cast iron) ____
Privy ____ Sewer (Cast iron) ____
Septic Tank ____ Barnyard ____
Leaching Pit ____ Manure Pile ____

3. Well furnishes water for human consumption? Yes ____ No ☒
4. Date well completed 18 SEPT 84
5. Permanent Pump Installed? Yes ____ Date ____ No ☒
Manufacturer ____ Type ____ Location ____
Capacity ____ gpm. Depth of Setting ____ Ft.
6. Well Top Sealed? Yes ☒ No ____ Type ____
7. Pitless Adapter Installed? Yes ____ No ____
Manufacturer ____ Model Number ____
How attached to casing? ____
8. Well Disinfected? Yes ☒ No ____
9. Pump and Equipment Disinfected? Yes ____ No ____
10. Pressure Tank Size ____ gal. Type ____
Location ____
11. Water Sample Submitted? Yes ____ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner DICK HEATH Well No. ____
Address R.P. MARION, ILL.
Driller RON BEARLAND License No. 102-167
11. Permit No. 104825 Date 16 SEPT 82
12. Water from SANDSTONE 13. County WILLIAMSON
at depth 15 to 40 ft. Sec. 16
14. Screen: Diam. 6 in. Twp. 9-S
Length: 15 ft. Slot .30 Rge. 2-E
Elev. ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>STEEL - 280</u>	<u>71</u>	<u>80</u>

SHOW
LOCATION IN
SECTION PLAT
NE SE NE

16. Size Hole below casing: ____ in.
17. Static level 11 ft. below casing top which is 1 ft.
above ground level. Pumping level 15 ft. when pumping at 30
gpm for 24 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>CLAY</u>	<u>10</u>	<u>10</u>
<u>SANDY CLAY</u>	<u>5</u>	<u>15</u>
<u>YELLOW SAND</u>	<u>25</u>	<u>40</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ron Bearland DATE 1/17/85

White Pink Copies:
Ill. Dept. of Public Health
Yellow Copy: Well Contractor
Golden Copy: Well Owner

Well Construction Report

RECEIVED
JAN 23 1989

THIS FORM MUST BE COMPLETED WITHIN 30 DAYS
OF WELL COMPLETION AND SENT TO
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

GEOLOGICAL AND WATER SURVEYS WELL RECORD

DIVISION OF ENVIRONMENTAL HEALTH

9. Driller RONALD BEANLAND License No. 102-00187

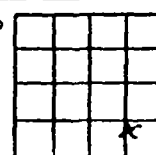
10. Well Site Address 311 CAKEOWN, MARION, IL

11. Property Owner DENNIS RYLL Well No. 1

Permit No. 139168 Date Issued 7/21/88

13. Location: County WILLIAMSON

Sec. 16.26
Twp. 9-S
Rge. 2-E



1. Type of Well

a. Bored _____ Hole Diam. _____ in. Depth _____ ft

Buried Slab: Yes _____ No _____

b. Driven X Drive Pipe Diam. _____ in. Depth _____ ft

c. Drilled _____ Finished in Drift _____ In Rock X

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
<u>MASSUREY</u>	<u>GROUND</u>	<u>63</u>
<u>DRILL CEMENTS</u>		

2. Well furnishes water for human consumption? Yes _____ No X

3. Date well drilled 7/23/88

4. Permanent pump installed? Yes X Date 7/29/88 No _____

Manufacturer GCHLDS Type SUB

Location WELL

Capacity 20 gpm. Depth of setting 300 ft.

5. Well top sealed? Yes X No _____ Type WELL SEAL

6. Pitless adapter installed? Yes _____ No X

Manufacturer _____ Model No. _____

How attached to casing? _____

7. Well disinfected? Yes X No _____

8. Pump and equipment disinfected Yes X No _____

Co # 23458

IMPORTANT NOTICE

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PRESS FIRMLY WITH BLACK PEN OR TYPE

Do Not Use Felt Pen

14. Water from SANDSTONE at depth 150 ft

15. Casing and Liner Pipe to 600 ft

Diam.(in)	Kind and Weight	From (ft)	To (ft)
<u>6</u>	<u>PUC SDR-21</u>	<u>+1</u>	<u>63</u>

Show location in section plot
N 1/2 S 1/2 E 1/4
Irrigation

16. Screen: Diam. _____ in, Length _____ in, Slot Size _____

17. Size hole below casing 6 in. 18. Ground Elev. _____ ft msl.

19. Static level 30 ft below casing top which is 1 ft. above ground level. Pumping level 180 ft, pumping 20 gpm for 2 hours.

20. Earth Materials Passed Through	Depth of Top	Depth of Bottom
<u>CLAY</u>	<u>0</u>	<u>36</u>
<u>GRAY SHALE/GRAY SANDSTONE</u>	<u>36</u>	<u>75</u>
<u>GRAY SANDSTONE/STREAKS</u>	<u>75</u>	<u>600</u>
<u>OF SANDY SHALE</u>		

Continue on separate sheet if necessary.

Signed R. Beanland Date 1/17/89

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. ☐ in. Depth 120 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth 120 ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cement	5	42
4 Drill		
Cottink		

2. Distance to Nearest:

Building 15 Ft. Seepage Tile Field None
Cess Pool None Sewer (non Cast iron) ☐
Privy None Sewer (Cast iron) ☒
Septic Tank 75 Barnyard None
Leaching Pit None Manure Pile None

3. Is water from this well to be used for human consumption?

Yes ☐ No ☐

4. Date well completed Aug 1968

5. Permanent Pump Installed? Yes ☐ No ☐

Manufacturer ☐ Type ☐

Capacity ☐ gpm. Depth of setting ☐ ft.

6. Well Top Sealed? Yes ☐ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☐ No ☐

9. Water Sample Submitted? Yes ☐ No ☐

REMARKS:

No pump installed

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

Completed 8-68

10. Dept. Mines and Minerals permit No. 5547 Year 1968

11. Property owner G. R. Richey Well No. 1

Address 1125 11th St

Driller G. R. Richey License No. 212

12. Water from Drift 13. County Williamson

at depth 50 to 110 ft. Sec. 16.6a

14. Screen: Diam. ☐ in. Twp. 9-S

Length: ☐ ft. Slot ☐ Rng. 2-E

Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6 1/2</u>	<u>Steel 19 1/2</u>	<u>0</u>	<u>42</u>

SHOW
LOCATION IN
SECTION PLAT
SW SE SW

16. Size Hole below casing: 6 in.

17. Static level 9 ft. below casing top which is 1 ft.

above ground level. Pumping level 115 ft. when pumping at 2

gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Surface Sandy Clay</u>	<u>33</u>	<u>33</u>
<u>Sandy Yellow Shale</u>	<u>7</u>	<u>40</u>
<u>Gray Shale</u>	<u>3</u>	<u>43</u>
<u>Sand Rock Gray</u>	<u>15</u>	<u>58</u>
<u>Gray Shale</u>	<u>17</u>	<u>75</u>
<u>Dark Gray Shale - Sandy</u>	<u>20</u>	<u>95</u>
<u>Light Gray Shale</u>	<u>3</u>	<u>98</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

over

SIGNED G. R. Richey DATE Aug-1968

Log continued

thickness

depth of bottom

Black Slate
Light Shale
Sand rock
Sandy shale - hard

7
3
7
5

105
108
115
120

SIGNED James A. Lee DATE 6/6/69

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. 6 1/4 in. Depth 105 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Grill	5	42
Cuttings		

2. Distance to Nearest:

Building 13 Ft. Seepage Tile Field 10770
Cess Pool 200 Sewer (non Cast iron) 55
Privy 10770 Sewer (Cast iron) 10770
Septic Tank 10770 Barnyard 10770
Leaching Pit 10770 Manure Pile 10770

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed 7-5-69

5. Permanent Pump Installed? Yes ☐ No ☒

Manufacturer ☐ Type ☐

Capacity ☐ gpm. Depth of setting ☐ ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☐ No ☒

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Hubert Watson Well No. 1

Address Rt 10 Marion Ill

Driller G. Rickey License No. 212

11. Permit No. 7628 Date 7-5-69

12. Water from Sand Rock 13. County Williamson

at depth 75 to 100 ft.

14. Screen: Diam. ☐ in.

Length: ☐ ft. Slot ☐

Sec. 18.10

Twp. 9.5

Rge. 2E

Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6 1/4</u>	<u>Steel 23 H</u>	<u>0</u>	<u>50</u>

SHOW
LOCATION IN
SECTION PLAT
SE NE SE

16. Size Hole below casing: 6 1/4 in.

17. Static level 12 ft. below casing top which is 2 ft.
above ground level. Pumping level 100 ft. when pumping at 7
gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM.
<u>Surface Yellow Clay</u>	<u>42</u>	<u>42</u>
<u>Gray shale</u>	<u>8</u>	<u>50</u>
<u>Gray Shale - Sandy</u>	<u>7</u>	<u>57</u>
<u>White Sand Rock</u>	<u>48</u>	<u>105</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED G. Rickey DATE 7-25-69

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

PAGE 1 of 6 1968S

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. ☐ in. Depth 300 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (FT.)	TO (FT.)
CEMENT	10	0

2. Distance to Nearest:

Building NONE Ft. Seepage Tile Field NONE
Cess Pool NONE Sewer (non Cast iron) NONE
Privy NONE Sewer (Cast iron) NONE
Septic Tank NONE Barnyard NONE
Leaching Pit NONE Manure Pile NONE

3. Is water from this well to be used for human consumption?

Yes ☐ No ☒

4. Date well completed 3/16/73

5. Permanent Pump Installed? Yes ☒ No ☒

Manufacturer Webtrol Type 14.0 Subm.

Capacity 7 gpm. Depth of setting 280 ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☒ No ☐

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner SPILL PIPE LANE Well No. 1

Address MARTON, ILLINOIS

Driller FRANK REPP, JR. License No. 22-588

11. Permit No. 19687 Date 8/25/72

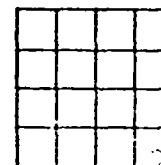
12. Water from Formation 13. County WILLIAMSON

at depth to ft. Sec. 22/1

14. Screen: Diam. in. Twp. 9S

Length: ft. Slot Rge. 2E

Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6 5/8	19# STEEL	+1	10
5 1/2	GAUVANIZED	40	300

SHOW
LOCATION IN
SECTION PLAT

S E S E S E

16. Size Hole below casing: in.

17. Static level 57 ft. below casing top which is 1 ft.

above ground level. Pumping level ft. when pumping at 3

gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CLAY	6	6
LIGHT BROWN SANDSTONE	15' 6"	22' 6"
BLACK SHALE	3' 6"	26
COAL	1	27
LIGHT GRAY SHALE	4	31
SANDY SHALE	4	35
SHALEY LIGHT GRAY SANDSTONE	6	41
SHALEY SANDY LIMESTONE	3	44
SHALEY SANDSTONE	2	46

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Repp, Jr. DATE 10/6/72

Green Dalg. Co.

RECEIVED

MAY 7 1991

IEPADLPC

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout: ☐

(KIND)	FROM (FT.)	TO (FT.)
NEAT	0	67'

2. Distance to Nearest:

Building 35 Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank 50' + Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed Nov 12/83

5. Permanent Pump Installed? Yes ☒ Date Nov 14/83 No ☐

Manufacturer Houli Type Sub Location

Capacity 10 gpm. Depth of Setting 220' Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type Sanitary Cap

7. Pitless Adapter Installed? Yes ☒ No ☐

Manufacturer Williams Model Number LD510P

How attached to casing? Clamp

8. Well Disinfected? Yes ☒ No ☐

9. Pump and Equipment Disinfected? Yes ☒ No ☐

10. Pressure Tank Size 20 gal. Type Air Lag

Location in house

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

Health Dept checked
for bacteria

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner DENNIS TREGOLING Well No.

Address R.R. 6

Driller JAMES A. GEEB License No. 102-67

11. Permit No. 110211 Date Oct 27/83

12. Water from Sandstone 13. County WILLIAMS

Formation Sandstone at depth 910 to 215 ft.

Sec. 22.3h

14. Screen: Diam. in.

Twp. 95

Length: ft. Slot

Rge. 2E

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6"	PLASTIC-Schu. 40	0	67'
4 1/2"	" " "	0	130

SHOW
LOCATION IN
SECTION PLAT
NE 110 112

16. Size Hole below casing: 6 in. To 130'

17. Static level 20 ft. below casing top which is 12 ft.

above ground level. Pumping level ft. when pumping at

gpm for hours. that well 1 gal per min

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Yellow clay	90	20
Sandy gray humus soil	46	66
Silty gray shale	26	92
Shale with sand and coal	5	97
gray shale	23	120
Hard gray sandy shale	90	210
gray coarse Sandstone	20	230

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Gieb DATE 1-12-83

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
DRILL SLURRY	GROUND	400
DRILL CUTTINGS		

2. Distance to Nearest:

Building 900 Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank ☐ Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Well furnishes water for human consumption? Yes ☐ No ☒

4. Date well completed 24 SEPT 81

5. Permanent Pump Installed? Yes ☒ Date No ☐

Manufacturer GOULD'S Type SB Location
Capacity 25 gpm. Depth of Setting 1100 Ft.

6. Well Top Sealed? Yes ☒ No ☐ Type

7. Pitless Adapter Installed? Yes ☒ No ☐

Manufacturer BAKER Model Number
How attached to casing?

8. Well Disinfected? Yes ☒ No ☐

9. Pump and Equipment Disinfected? Yes ☒ No ☐

10. Pressure Tank Size gal. Type

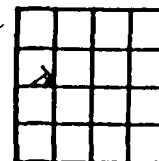
Location

11. Water Sample Submitted? Yes ☒ No ☐

REMARKS:

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner DEPSI-COLA BOTTLING CO Well No. 3
Address OLD RT. 13 WEST MARION, ILL.
Driller RON BEAULAND License No. 102-157
11. Permit No. 101423 Date 23 SEPT 81
12. Water from SANDSTONE Formation
at depth 430 to 900 ft. X Sec. 23.74
13. County WILLIAMSON
14. Screen: Diam. in. Twp. 2-S
Length: ft. Slot Rge. 2-15
Elev.



15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>6</u>	<u>STEEL / 280 WALL</u>	<u>1</u>	<u>400</u>

SHOW LOCATION IN
SECTION PLAT
SE SW NW

(Industrial)

16. Size Hole below casing: 6 in.

17. Static level 30 ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at 40
gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>CLAY</u>	<u>14</u>	<u>14</u>
<u>YELLOW SANDSTONE</u>	<u>28</u>	<u>42</u>
<u>GRAY SHALE</u>	<u>8</u>	<u>50</u>
<u>COAL</u>	<u>1</u>	<u>51</u>
<u>GRAY SHALE</u>	<u>115</u>	<u>96</u>
<u>COAL</u>	<u>3</u>	<u>99</u>
<u>GRAY SHALE</u>	<u>16</u>	<u>115</u>
<u>SLATE</u>	<u>3</u>	<u>118</u>
<u>COAL</u>	<u>3</u>	<u>121</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Ron Beauland DATE 23 JAN 83

OVER

gray shale	31	152
gray sandstone w/shale STR	19	171
white sandstone	25	196
Brown sandstone	15	209
sandy shale	14	223
white sandstone w/shale STR	83	306
sandy shale	25	331
gray shale	31	362
sandy shale	22	384
white sandstone	10	394
gray sandstone	31	425
white sandstone	82	507
white sandstone w/limestone STR	51	558
sandy shale	43	601
Coal	1	602
sandy shale	27	629
white sandstone	28	657
sandy shale	119	776
sandy gray shale w/sandstone STR	44	820
hard white sandstone	56	876
gray shale	5	881
white sandstone	44	925
gray limestone	2	927

1st Copy -
Ill. Dept. of Public Health
2nd Copy - Well Contractor
3rd Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

Wanda Beanland

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled ☒ Finished in Drift _____ In Rock ☒
Tubular _____ Gravel Packed _____
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cement	Ground level	395'

2. Distance to Nearest:

Building _____ Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank _____ Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Well furnishes water for human consumption? Yes _____ No _____

4. Date well completed _____

5. Permanent Pump Installed? Yes _____ Date _____ No _____

Manufacturer _____ Type _____ Location _____
Capacity _____ gpm. Depth of Setting _____ Ft.

6. Well Top Sealed? Yes _____ No _____ Type _____

7. Pitless Adapter Installed? Yes _____ No _____

Manufacturer _____ Model Number _____
How attached to casing? _____

8. Well Disinfected? Yes _____ No _____

9. Pump and Equipment Disinfected? Yes _____ No _____

10. Pressure Tank Size _____ gal. Type _____

Location _____

11. Water Sample Submitted? Yes ☒ No _____

REMARKS:

10. Property owner *Leslie Caha Bettying C.* Well No. _____

Address *Marion, Ill.*

Driller *Ron Beanland* License No. *102-187*

11. Permit No. *86103* Date *5-29-79*

12. Water from *Sandstone* 13. County *Williamson*

Formation _____ at depth *440* to *600* ft.

14. Screen: Diam. _____ in. Sec. *23*

Length: _____ ft. Slot _____ Rge. *25*

Elev. _____

15. Casing and Liner Pipe

Diam. (In.)	Kind and Weight	From (Ft.)	To (Ft.)
6"	280 Wall Steel	+1	395'

SHOW LOCATION IN SECTION PLAT

See map on page 2
3855, 1000 L
under section 1000
#2

16. Size Hole below casing: *6* in.

17. Static level _____ ft. below casing top which is _____ ft.

above ground level. Pumping level _____ ft. when pumping at _____

gpm for _____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<i>Clay</i>	<i>15</i>	<i>15</i>
<i>Gravel</i>	<i>1</i>	<i>16</i>
<i>Yellow sandstone</i>	<i>16</i>	<i>32</i>
<i>Gray sandstone</i>	<i>1</i>	<i>33</i>
<i>Black Hard Shale</i>	<i>2</i>	<i>35</i>
<i>Soft Gray shale</i>	<i>3</i>	<i>38</i>
<i>Gray limestone</i>	<i>4</i>	<i>42</i>
<i>Gray sandstone</i>	<i>3</i>	<i>45</i>
<i>Gray shale</i>	<i>3</i>	<i>48</i>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

(OVER)

SIGNED *Wanda Beanland* DATE *7-5-79*

Location change per pump test

Sandy shale	30	78
Coal	2	80
Sandy shale	27	107
Coal	3	110
Gray sandstone	20	130
Sandy shale	11	141
Gray sandstone	29	170
Coarse light sandstone	37	207
Sandy shale	18	225
Gray sandstone	70	295
Coal	1	296
Sandy shale	44	340
Gray sandstone	40	380
Sandy shale	10	390
Brownish coarse sandstone	25	415
Gray coarse sandstone	85	500
Coarse gray sandstone/brown breaks	100	600
Coal	5	605

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE
DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST
JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER
SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☒ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
HALOCLYTHUS GLE		70

2. Distance to Nearest:

Building 8 Ft. Seepage Tile Field 180
Cess Pool No Sewer (non Cast iron) 157
Privy No Sewer (Cast iron) No
Septic Tank 150 Barnyard No
Leaching Pit No Manure Pile No

3. Well furnishes water for human consumption? Yes ☒ No ☐

4. Date well completed 9-24-1980

5. Permanent Pump Installed? Yes ☐ Date No ☒

Manufacturer Type Location
Capacity gpm. Depth of Setting Ft.

6. Well Top Sealed? Yes ☐ No ☒ Type

7. Pitless Adapter Installed? Yes ☐ No ☒

Manufacturer Model Number
How attached to casing?

8. Well Disinfected? Yes ☒ No ☐

9. Pump and Equipment Disinfected? Yes ☐ No ☐

10. Pressure Tank Size gal. Type

Location

11. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

10. Property owner ALFRED MAYNARD Well No. 1

Address RR #3 Box 35 MARIETTA IL

Driller GEORGE E. KEEN License No. 102-144

11. Permit No. 96197 Date 9-17-1980

12. Water from Penn. Sand 13. County Williamson

at depth 135 to 199 ft. Sec. 25

14. Screen: Diam. No in. Twp. 9S

Length: ft. Slot Rge. 2E

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
6	PVC, Sec 40	1	70

SHOW
LOCATION IN
SECTION PLAT
SW SW NW

16. Size Hole below casing: 5 in.

17. Static level 29 ft. below casing top which is 1 ft.
above ground level. Pumping level 190 ft. when pumping at 5
gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
CITY & Sand	45	45
Shale & Blue mud	10	55
Shale gray	43	98
Lime stone Brown	6	104
Shale & SLATE dark	31	135
Shale & Sand dark	30	165
Sand white	34	199
Sand & Shale dark	16	215

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED George E. Keen DATE 9-25-1980

White C
Ill. De. Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTION TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUIRED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. 8 1/2 in. Depth 95 ft.
Curb material ☐ Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. ☐ in. Depth ☐ ft.
c. Drilled ☒ Finished in Drift ☐ In Rock Sand
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings	0	95'

2. Distance to Nearest:

Building 150 Ft. Seepage Tile Field none
Cess Pool none Sewer (non Cast iron) none
Privy none Sewer (Cast iron) none
Septic Tank none Barnyard none
Leaching Pit none Manure Pile none

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed 10-27-67

5. Permanent Pump Installed? Yes ☐ No ☒

Manufacturer ☐ Type ☐

Capacity ☐ gpm. Depth of setting ☐ ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☒ No ☐

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. NP 3013 Year 67
11. Property owner @ L. Harris Well No. 1
Address Marion Hill
Driller Haskins License No. 92-480
12. Water from Sand 13. County Williamson
Formation
at depth 9.5 to 126 ft. Sec. 25
14. Screen: Diam. ☐ in. Twp. 9S
Length: ☐ ft. Slot ☐ Rng. 2E
Elev. ☐

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
<u>7</u>	<u>Steel 20#</u>	<u>0</u>	<u>95</u>

SHOW
LOCATION IN
SECTION PLAT
Range 27S N
237.5' W of
SE 1/4 SW

16. Size Hole below casing: 6 1/2 in.

17. Static level ☐ ft. below casing top which is ☐ ft.
above ground level. Pumping level 30 ft. when pumping at 15
gpm for 1 1/2 hours. Test

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>Top Soil</u>	<u>20</u>	<u>20</u>
<u>Soft Shale</u>	<u>75</u>	<u>95</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Harold L. Larkin (w) DATE 10-27-67

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO OWNERS

PAGE 2 of 4 PAGES

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ____ Bored ____ Hole Diam. ____ in. Depth 300 ft.
Curb material ____ Buried Slab: Yes ____ No ____
- b. Driven ____ Drive Pipe Diam. ____ in. Depth ____ ft.
- c. Drilled XX Finished in Drift ____ In Rock XX
Tubular ____ Gravel Packed ____
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
CEMENT	10	0

2. Distance to Nearest:

Building NONE Ft. Seepage Tile Field NONE
Cess Pool NONE Sewer (non Cast iron) NONE
Privy NONE Sewer (Cast iron) NONE
Septic Tank NONE Barnyard NONE
Leaching Pit NONE Manure Pile NONE

3. Is water from this well to be used for human consumption?

Yes ____ No XX

4. Date well completed

5. Permanent Pump Installed? Yes ✓ No XX
Manufacturer ____ Type ____
Capacity ____ gpm. Depth of setting ____ ft.

6. Well Top Sealed? Yes XX No ____

7. Pitless Adaptor Installed? Yes ____ No XX

8. Well Disinfected? Yes XX No ____

9. Water Sample Submitted? Yes ____ No XX

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner SHELL PIPE LINE Well No. 1

Address MARION, ILLINOIS

Driller FRANK BEPP, JR. License No. 92-568

11. Permit No. 19687 Date 8/25/72

12. Water from ____ 13. County WILLIAMSON

Formation
at depth ____ to ____ ft. Sec. 26

14. Screen: Diam. ____ in. Twp. 9S

Length: ____ ft. Slot ____ Rge. 2E

Elev. ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)

SHOW
LOCATION IN
SECTION PLAT

16. Size Hole below casing: ____ in.

17. Static level ____ ft. below casing top which is 1 ft.
above ground level. Pumping level ____ ft. when pumping at 3
gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
GRAY SHALE	6	52
SANDY GRAY SHALE	9	61
DARK GRAY SHALE	37	98
COAL	3	101
GRAY SHALE, LIME SEAMS	25	126
SHALE	1	130
LIMESTONE	3	133
SHALE & LIMESTONE	5	138
SANDSTONE	1	139

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Bepp, Jr. DATE 10/6/72

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

PAGE 3 of 6 PAGES

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ____ Bored ____ Hole Diam. ____ in. Depth 300 ft.
Curb material ____ Buried Slab: Yes ____ No ____
b. Driven ____ Drive Pipe Diam. ____ in. Depth ____ ft.
c. Drilled XX Finished in Drift ____ In Rock XX
Tubular ____ Gravel Packed ____
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
CEMENT	10	0

2. Distance to Nearest:

Building ____ Ft. Seepage Tile Field ____
Cess Pool ____ Sewer (non Cast iron) ____
Privy ____ Sewer (Cast iron) ____
Septic Tank ____ Barnyard ____
Leaching Pit ____ Manure Pile ____

3. Is water from this well to be used for human consumption?

Yes ____ No ____

4. Date well completed ____

5. Permanent Pump Installed? Yes ____ No ____

Manufacturer ____ Type ____
Capacity ____ gpm. Depth of setting ____ ft.

6. Well Top Sealed? Yes ____ No ____

7. Pitless Adaptor Installed? Yes ____ No ____

8. Well Disinfected? Yes ____ No ____

9. Water Sample Submitted? Yes ____ No ____

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner SHELL PIPE LINE Well No. 1
Address MARTIN, ILLINOIS
Driller FRANK HEPP, JR. License No. 92-588
11. Permit No. 19687 Date 8/25/72
12. Water from ____ Formation ____ 13. County WILLIAMSON
at depth ____ to ____ ft. Sec. 26
14. Screen: Diam. ____ in. Twp. 9S
Length: ____ ft. Slot ____ Rge. 2E
Elev. ____

SHOW
LOCATION IN
SECTION PLAT

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)

16. Size Hole below casing: ____ in.

17. Static level ____ ft. below casing top which is ____ ft.
above ground level. Pumping level ____ ft. when pumping at ____
gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
SHALE	4	143
SANDSTONE & SHALE	3'6"	146'6"
SHALE	1'6"	148'6"
SANDSTONE	1	149'6"
SHALE & SANDSTONE	6"	150
SANDSTONE	2	152
SHALEY SANDSTONE	3	155
SANDSTONE	20	175
VERY HARD SANDSTONE	15	190

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Hepp, Jr. DATE 10/6/72

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

PAGE 4 of 6 PAGES

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth 300 ft.
Curb material _____ Buried Slab: Yes _____ No _____
b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
c. Drilled XX Finished in Drift _____ In Rock XX _____
Tubular _____ Gravel Packed _____
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building _____ Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank _____ Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?

Yes _____ No _____

4. Date well completed _____

5. Permanent Pump Installed? Yes _____ No _____

Manufacturer _____ Type _____
Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes _____ No _____

7. Pitless Adaptor Installed? Yes _____ No _____

8. Well Disinfected? Yes _____ No _____

9. Water Sample Submitted? Yes _____ No _____

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner SMELL PIPE LINE Well No. _____

Address MARTON, ILLINOIS

Driller FRANK HEPP, JR. License No. 92-588

11. Permit No. 19687 Date 8/25/72

12. Water from _____ 13. County WILLIAMSON

Formation _____
at depth _____ to _____ ft. Sec. 26

14. Screen: Diam. _____ in. Twp. 9S

Length: _____ ft. Slot _____ Rge. 2E

Elev. _____

SHOW
LOCATION IN
SECTION PLAT

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____ ft.
above ground level. Pumping level _____ ft. when pumping at _____
gpm for _____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>SHALE</u>	<u>3</u>	<u>198</u>
<u>SHALE & SANDSTONE</u>	<u>17</u>	<u>215</u>
<u>SANDSTONE</u>	<u>2</u>	<u>217</u>
<u>SHALE & SANDSTONE</u>	<u>3</u>	<u>220</u>
<u>SANDSTONE</u>	<u>3</u>	<u>223</u>
<u>SHALE & SANDSTONE</u>	<u>2</u>	<u>225</u>
<u>SHALE</u>	<u>1</u>	<u>226</u>
<u>SANDSTONE & SHALE</u>	<u>2</u>	<u>228</u>
<u>SANDSTONE</u>	<u>7</u>	<u>235</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Hepp, Jr. DATE 10/6/72

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO WELLERS

PAGE 5 of 5 PAGES

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth 300 ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast Iron)
Privy Sewer (Cast Iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

3. Is water from this well to be used for human consumption?

Yes ☐ No ☐

4. Date well completed

5. Permanent Pump Installed? Yes ☐ No ☐

Manufacturer Type
Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☐ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☐ No ☐

9. Water Sample Submitted? Yes ☐ No ☐

REMARKS:

10. Property owner SHELL PIPE LINE Well No.

Address MARTIN, ILLINOIS

Driller FRANK HEPP, JR. License No. 02-588

11. Permit No. 17587 Date 8/25/72

12. Water from 13. County WILLIAMSON

Formation
at depth to ft. Sec. 26

14. Screen: Diam. in. Twp. 9S

Length: ft. Slot Rge. 2E

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)

SHOW
LOCATION IN
SECTION PLAT

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
<u>SHALE & SANDSTONE</u>	<u>2</u>	<u>237</u>
<u>SHALE</u>	<u>8</u>	<u>245</u>
<u>SHALE & SANDSTONE</u>	<u>10</u>	<u>255</u>
<u>SANDSTONE</u>	<u>4</u>	<u>259</u>
<u>SHALE</u>	<u>3</u>	<u>262</u>
<u>SANDY SHALE</u>	<u>9</u>	<u>271</u>
<u>COAL</u>	<u>1</u>	<u>272</u>
<u>SHALE</u>	<u>17'6"</u>	<u>289'6"</u>
<u>LIMESTONE</u>	<u>6"</u>	<u>290</u>

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Hepp, Jr. DATE 10/5/72

White Copy -
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth 300 ft.
Curb material Buried Slab: Yes ☐ No ☐
b. Driven ☐ Drive Pipe Diam. in. Depth ft.
c. Drilled XX Finished in Drift In Rock XX
Tubular Gravel Packed
d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank Barnyard
Leaching Pit Manure Pile

3. Is water from this well to be used for human consumption?

Yes ☐ No ☐

4. Date well completed

5. Permanent Pump Installed? Yes ☐ No ☐

Manufacturer Type
Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☐ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☐ No ☐

9. Water Sample Submitted? Yes ☐ No ☐

REMARKS:

10. Property owner SHELL PIPE LINE Well No.

Address MARTON, ILLINOIS

Driller FRANK HEPP, JR. License No. 92-586

11. Permit No. 19687 Date 8/25/72

12. Water from 13. County ILLINOIS

Formation

at depth to ft. Sec. 26

14. Screen: Diam. in. Twp. 9S

Length: ft. Slot Rge. 2E

Elev.

15. Casing and Liner Pipe

Diam (in.)	Kind and Weight	From (Ft.)	To (Ft.)

SHOW
LOCATION IN
SECTION PLAT

16. Size Hole below casing: in.

17. Static level ft. below casing top which is ft.
above ground level. Pumping level ft. when pumping at
gpm for hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
SHALE & LIMESTONE	3	273
SHALE & SANDSTONE	2	295
SANDSTONE	5	300

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Frank Hepp, Jr. DATE 10/6/72

White
Ill. - Public Health
Yellow C. - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION. TESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 6, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

1/67

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Name of Well

Aug. _____ H. _____ in. Depth _____ ft.
Curb material _____ E. Slab: Yes _____ No _____

b. Driven _____ Drive Pipe _____ in. Depth _____ ft.

c. Drilled ☒ Finished in Drift _____ In Rock ☒

Tubular _____ Gravel Packed _____

d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Clay	0	39

2. Distance to Nearest:

Building 10 Ft. Seepage Tile Field _____

Cess Pool _____ Sewer (non Cast iron) _____

Privy _____ Sewer (Cast iron) _____

Septic Tank 65 Barnyard _____

Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?

Yes ☒ No _____

4. Date well completed May 22, 1968

5. Permanent Pump Installed? Yes ☒ No _____

Manufacturer _____ Type _____

Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes ☒ No _____

7. Pitless Adaptor Installed? Yes _____ No ☒

8. Well Disinfected? Yes _____ No no, not by me.

9. Water Sample Submitted? Yes _____ No ☒

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 4983 Year 1968

11. Property owner Kenneth Pankay Well No. 1

Address Rosite #5 Marton Rd.

Driller W. J. Pankay License No. 9-20

12. Water from Sandy shale 13. County Williamson

Formation _____

at depth 90 to 115 ft. Sec. 35

14. Screen: Diam. _____ in. Twp. 9S

Length: _____ ft. Slot _____ Rng. 2E

Elev. _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
7 in.	Steel casing 20 lb.	0	39

SHOW
LOCATION IN
SECTION PLAT

16. Size Hole below casing: 6 in.

17. Static level 50 ft. below casing top which is 1 ft.

above ground level. Pumping level 70 ft. when pumping at 5

gpm for 1 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Sandstone, some shale	87 ft.	126 ft.

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Oliver G. G. G. DATE Oct. 15, 1968

SIGNED [Signature] DATE Oct 15, 1968

SIGNED James A. Hoar DATE 12/20/70

DATE 1/19/71

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
- b. Driven ☐ Drive Pipe Diam. in. Depth ft.
- c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
- d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
NEAT	0'	40'

2. Distance to Nearest:

Building Ft. Seepage Tile Field
Cess Pool Sewer (non Cast iron)
Privy Sewer (Cast iron)
Septic Tank 75' Barnyard
Leaching Pit Manure Pile

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed 1/13/69

5. Permanent Pump Installed? Yes ☐ No ☐

Manufacturer Type

Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☐ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☐

8. Well Disinfected? Yes ☒ No ☐

9. Water Sample Submitted? Yes ☐ No ☐

REMARKS: I do not set or sell pumps
therefore Can't answer items
5 thru 9

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Dept. Mines and Minerals permit No. 6632 Year 1969

11. Property owner J. H. Krumrey Well No.

Address RFD 4 Marion, Ill.

Driller James A. Reer License No. 92-487

12. Water from Sandstone 13. County Williamson

at depth 102 to 110 ft. Sec. 30.50

14. Screen: Diam. in. Twp. 25

Length: ft. Slot Rng. 2E

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
7" OD	Black 28lb	0	102
	Seamless		

SHOW
LOCATION IN
SECTION PLAT

NA 1/2 SW

NE 1/4

16. Size Hole below casing: 6 1/2 in.

17. Static level 20 ft. below casing top which is 8 ft.
above ground level. Pumping level 50 ft. when pumping at 24
gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	40'	40'
quartz Sand	60'	100'
Sand Stone	10'	110'
Casing driven with shot 2' in Sandstone		
(CONTINUE ON SEPARATE SHEET IF NECESSARY)		

SIGNED James A. Reer DATE 1/16/69

White Copy -
Ill. Dept. of Pub. Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug ☐ Bored ☐ Hole Diam. in. Depth ft.
Curb material Buried Slab: Yes ☐ No ☐
- b. Driven ☐ Drive Pipe Diam. in. Depth ft.
- c. Drilled ☒ Finished in Drift ☐ In Rock ☒
Tubular ☐ Gravel Packed ☐
- d. Grout: ☐

(KIND)	FROM (Ft.)	TO (Ft.)
NEAT	0	30

2. Distance to Nearest:

Building 25' Ft. Seepage Tile Field ☐
Cess Pool ☐ Sewer (non Cast iron) ☐
Privy ☐ Sewer (Cast iron) ☐
Septic Tank 25' Barnyard ☐
Leaching Pit ☐ Manure Pile ☐

3. Is water from this well to be used for human consumption?

Yes ☒ No ☐

4. Date well completed Sept 27/69

5. Permanent Pump Installed? Yes ☐ No ☒

Manufacturer Type

Capacity gpm. Depth of setting ft.

6. Well Top Sealed? Yes ☒ No ☐

7. Pitless Adaptor Installed? Yes ☐ No ☒

8. Well Disinfected? Yes ☒ No ☐

9. Water Sample Submitted? Yes ☐ No ☒

REMARKS: Some items above I can not answer because I do not sell or set pumps.

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Ray Goodman Well No.

Address RED 1 Marion, Ill.

Driller James A. Heer License No. 92-482

11. Permit No. 815-5 Date Aug 27, 69

12. Water from Sand Stone 13. County Williamson

Formation Sand Stone

at depth 100 to 110 ft. Sec. 31.8h

14. Screen: Diam. in. Twp. 95

Length: ft. Slot Rge. 3E

Elev.

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
7" 0	Black	0	91
	23 lb.		

SHOW LOCATION IN SECTION PLAT
75'S 75'W
NE/C NW NW NW

16. Size Hole below casing: 6 1/2" in.

17. Static level 20 ft. below casing top which is 8" ft.

above ground level. Pumping level 80 ft. when pumping at 10

gpm for 4 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
clay, yellow sandy	30'	30'
sand, gray	60'	90'
sandstone gray	25'	115'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Heer DATE 10/24/69

INSTRUCTIONS

DRILLERS

White Copy
Ill. Dept. of Public Health
Yellow Copy - Well Contractor
Blue Copy - Well Owner

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well

- a. Dug _____ Bored _____ Hole Diam. _____ in. Depth _____ ft.
Curb material _____ Buried Slab: Yes _____ No _____
- b. Driven _____ Drive Pipe Diam. _____ in. Depth _____ ft.
- c. Drilled ☒ Finished in Drift _____ In Rock ☒
Tubular _____ Gravel Packed _____
- d. Grout: _____

(KIND)	FROM (Ft.)	TO (Ft.)
None	0	60

2. Distance to Nearest:

Building 30' Ft. Seepage Tile Field _____
Cess Pool _____ Sewer (non Cast iron) _____
Privy _____ Sewer (Cast iron) _____
Septic Tank 50' Barnyard _____
Leaching Pit _____ Manure Pile _____

3. Is water from this well to be used for human consumption?

Yes ☒ No _____

4. Date well completed June 20/725. Permanent Pump Installed? Yes _____ No ☒

Manufacturer _____ Type _____
Capacity _____ gpm. Depth of setting _____ ft.

6. Well Top Sealed? Yes ☒ No _____7. Pitless Adaptor Installed? Yes _____ No ☒8. Well Disinfected? Yes ☒ No _____9. Water Sample Submitted? Yes _____ No ☒

REMARKS:

IDPH 4 065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property owner Joe Mitchell Well No. _____

Address 2401 S. Main St. Springfield, Ill. 62706

Driller James A. Beer License No. 53-1177

11. Permit No. 18201 Date June 14, 197212. Water from Sandy shale 13. County Williamson

at depth 70 to 80 ft. Sec. 10

14. Screen: Diam. _____ in. Twp. 10S

Length: _____ ft. Slot _____ Rge. 2E

Elev. _____

15. Casing and Liner Pipe

Diam (in)	Kind and Weight	From (Ft)	To (Ft)
7"	Black 23lb	0	60

SHOW
LOCATION IN
SECTION PLAT
NE SW SW

16. Size Hole below casing: _____ in.

17. Static level _____ ft. below casing top which is _____ ft.
above ground level. Pumping level _____ ft. when pumping at _____
gpm for _____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	60	60
Sand Stone	30	90

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED James A. Beer DATE 6/17/72

SECTION 5

EPA FORM 2070-12

"POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT"



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D063698971

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Perma-Treat of Illinois, Inc.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER N. Carbon St. and Industrial Park Dr.			
03 CITY Marion	04 STATE IL	05 ZIP CODE 62959	06 COUNTY Williamson	07 COUNTY CODE 199	08 CONG DIST 22
09 COORDINATES LATITUDE 42° 44' 08" North		LONGITUDE 88° 57' 08" West		USGS 7.5 min. Quad. #272 6	

10 DIRECTIONS TO SITE (Starting from nearest public road)
From U.S. Interstate 57, take exit 53 to eastbound Main Street in Marion. Travel east on Main Street to Carbon Street. Turn north onto Carbon Street, go across the CO&E RR tracks. Pass the USDA building on the west side, then turn left. Follow this road to the entrance of Perma-Treat.

III. RESPONSIBLE PARTIES

01 OWNER (If known) Rudy J. Bond		02 STREET (Business, mailing, residential) P.O. Box 99			
03 CITY Marion	04 STATE IL	05 ZIP CODE 62959	06 TELEPHONE NUMBER (618) 997-5646		
07 OPERATOR (If known and different from owner) Rudy J. Bond		08 STREET (Business, mailing, residential) P.O. Box 99			
09 CITY Marion	10 STATE IL	11 ZIP CODE 62959	12 TELEPHONE NUMBER (618) 997-5646		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A PRIVATE <input type="checkbox"/> B FEDERAL _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F OTHER: _____ (Specify) <input type="checkbox"/> G UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)
☐ A RCRA 3001 DATE RECEIVED _____ MONTH DAY YEAR ☐ B UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 6, 20, 91 <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1982 N/A BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Chromated Copper Arsenate (CCA)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Surface water
Direct contact

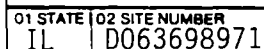
Soil
Air (dust)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☒ C. LOW (Inspect on time available basis) ☐ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Tom Crause		02 OF (Agency/Organization) IEPA/DLPC/RPMS		03 TELEPHONE NUMBER (217) 782-6760	
04 PERSON RESPONSIBLE FOR ASSESSMENT Bruce Ford		05 AGENCY IEPA	06 ORGANIZATION DLPC/RPMS	07 TELEPHONE NUMBER (217) 782-6760	08 DATE 6, 28, 91 MONTH DAY YEAR



I HIGHLY VOLATILE
 J EXPLOSIVE
 K REACTIVE
 L INCOMPATIBLE
 M NOT APPLICABLE

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D063698971

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION 81 people 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED 81 people 04 NARRATIVE DESCRIPTION
Potential for groundwater contamination exists. Note that there are relatively few targets. Nearest well believed to be over one mile from the site.

01 ☒ B SURFACE WATER CONTAMINATION 1250 02 ☒ OBSERVED (DATE 3-25-88) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED 1250 04 NARRATIVE DESCRIPTION
A release of dilute CCA to Crab Orchard Creek was observed on March 25, 1988. The 1250 people affected refers to those served by a drinkign water intake located in Crab Orchard Lake.

01 ☒ C CONTAMINATION OF AIR 17,500+ 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED 17,500+ 04 NARRATIVE DESCRIPTION
Potential for a release of CCA contaminated soil/dust exists. There are over 17,500 people residing within four miles of the site.

01 ☐ D FIRE/EXPLOSIVE CONDITIONS _____ 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION
N/A

01 ☒ E DIRECT CONTACT unknown 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED unknown 04 NARRATIVE DESCRIPTION
Potential for direct contact with CCA contaminated soil or CCA from freshly treated lumber exists. Note that retail sale of treated lumber takes place within the facility boundaries.

01 ☒ F CONTAMINATION OF SOIL up to 15+ 02 ☒ OBSERVED (DATE 1988, 1991) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED (ACRES) up to 15+ 04 NARRATIVE DESCRIPTION
Areas of visibly CCA contaminated soil were documented during the March 25, 1988 leak and during the June 20, 1991 site visit/inspection.

01 ☒ G DRINKING WATER CONTAMINATION _____ 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION
Refer to "B", above.

01 ☒ H WORKER EXPOSURE/INJURY 14 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED 14 04 NARRATIVE DESCRIPTION
All workers at the facility are potentially exposed to CCA contaminated soil/dust each working day.

01 ☒ I POPULATION EXPOSURE/INJURY _____ 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION
Refer to "C" and "E", above.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE: IL 02 SITE NUMBER: D063698971

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J DAMAGE TO FLORA 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Potential exists for damage to flora along runoff path from the facility. Unknown whether lack of some vegetation on-site is due to CCA contamination or heavy traffic caused by equipment.

01 ☐ K DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include names of species)

N/A

01 ☐ L CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ M UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
Solids/runoff/standing liquids/leaking drums
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

N/A

01 ☐ N DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ O CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

01 ☐ P ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 17,500+

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

Please refer to the bibliography at the end of the Executive Summary in Section 1 of the Preliminary Assessment report.